

**A STUDY TO EVALUATE THE EFFECTIVENESS OF
ASSERTIVENESS TRAINING ON LOW SELF ESTEEM
AMONG EARLY ADOLESCENT GIRLS(AGE GROUP
BETWEEN 13-15 YEARS) AT SELECTED SCHOOLS IN
DINDIGUL DISTRICT.**



**A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R. MEDICAL
UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF THE
REQUIREMENT FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING.**

OCTOBER-2016

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MRS. KETHSIYAL

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CERTIFICATE

This is a bonafide work of **MRS.KETHSIYAL.,M.Sc (N)** II Year Student from Sakthi college of Nursing, Dindigul, Tamilnadu, India, submitted in partial fulfilment for the Degree of Master of Science in Nursing under the Tamil Nadu Dr.M.G.R Medical University, Chennai.

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Prof.V.JANAHI DEVI, M.Sc (N).,

College Seal _____

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**SAKTHI COLLEGE OF NURSING,
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**SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF
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EXAMINERS

1. _____ 2. _____

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"Surely God is my help; the Lord is the one who sustains me!"

The Lord God Almighty is praised for his everlasting love and faithfulness and guidance throughout my endeavour and Sustaining me during the hour of need.

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many persons of good will, though too numerous to name, each one of them is remembered for their individual contributions without which the realization and presentation of this research would not have been possible. So I shower my great deal of thanks to those who helped directly and indirectly in this work.

*I dedicate this study to my beloved husband
A. Godson*

ABSTRACT

A Quasi Experimental Study was conducted “**to evaluate the effectiveness of Assertiveness training on low self esteem among early adolescent girls at selected schools in Dindigul district**”. It was conducted in partial fulfilment of the requirement for the Degree of Master of Science in Nursing to the Tamil Nadu Dr. M.G.R. Medical University, Chennai during the year 2015-2016.

The objectives of the study are

- To assess the pretest and post test level of self esteem among early adolescent girls in the control and experimental group.
- To evaluate the effectiveness of assertiveness training on low self esteem among early adolescent girls in the experimental group.
- To find out the association between the levels of self esteem among early adolescent girls and their selected demographic variables.

Based on the objectives the following hypotheses were formed

All the hypotheses were tested at 0.05 level of significance.

- The mean post test level of self esteem will be significantly higher among early adolescent girls in the experimental group than the mean pre test level of self esteem among early adolescent girls.
- The mean post test level of self esteem among early adolescent girls in the experimental group will be significantly higher than the mean post test level of self esteem in the control group

- There will be significant association between level of self esteem and their selected demographic variables of adolescent girls.

A quasi experimental design was used and the conceptual framework of the study was based on modified fish bone diagram (Cause and Effect diagram 1992) and the health belief model (Rosenstock 1998). Non probability convenience sampling technique was used to select the samples. Total number of sample was 160 early adolescent girls. The instrument used for data collection was a check list which consists of two sections. Section one was demographic data and section two was questionnaire to assess the self esteem. The content validity of tool was established by giving to six experts in the field of nursing, psychiatry, social work, psychology, pediatrics and statistics. The reliability of the tool was established by test-retest method. Experimental group receives Assertiveness training for six weeks.

Descriptive statistics (frequency and percentage, mean) and inferential statistics (“t” test and chi- square) were used to analyze the data.

Study findings were as follows:

The result shows in experimental group as Majority of early adolescent girls 69(86%) belonged to 14-15 years, 67(84%) samples were Hindu religion, 36(45%) were very good in performances of school activities, 63 (79%) belonged to nuclear family, Majority of the student’ s parents are getting the monthly income as Rs. 3000 37(47%), most of the adolescent girls 41(51%) were 2nd birth in the family. 48 (60%) girls belonged to urban area,64(80%) are participating in extracurricular activities. 36(45%) of their parents have studied till secondary school.

In experimental group, 79(99%) early adolescent girls in their pretest had severe low self esteem and only one girl had moderately low self esteem where as in the post test only 2(3%) girls had severe low self esteem and 39(48.75%)adolescent girls had moderately low self esteem. In the control group 79(99%) adolescent girls had severe low self esteem and only 1 (1%) girls had moderate self esteem.This finding reveals that, in experimental group after the administration of assertiveness training, the level of self esteem among early adolescent girls were increased in post test than the pre test.

The control group calculated 't' test value for overall 't' test value was 1.92 which was not significant at $P < 0.05$ level. It can be concluded that there is no much difference in pre test and post test in control group. The experimental group calculated 't' test value for overall 't' test value was 26.43 which was highly significant at $P < 0.001$ level. Hence H1 is accepted. It can be concluded that assertiveness training was effective in increasing the self esteem among early adolescent girls.

There is significant association between the order of birth in the family (at- $P < 0.01$) and the level of self esteem among early adolescent girls in control group. There is significant association between the order of birth in the family and there is significant association between the age (at- $P < 0.01$) and the monthly income of the parents (at- $P < 0.05$) and the level of self esteem among early adolescent girls in experimental group.

ASSERTIVENESS TRAINING

INTRODUCTION

Wanting to be responsibly and effectively assertive is perhaps one of the most universally recognized and desired needs that people have. In one respect our culture requires us to constantly give feedback, receive feedback, and initiate interaction with others. In short, this demands the ability to be appropriately assertive. However, in another respect our cultural patterns prescribe certain behaviors or ways of relating to others, which seem to conflict with the development of assertive skills. Since the need for a person to be able to be assertive is high and the chances for complete acquisition of the skill are rather low, it is not surprising that there has been overwhelming consumer response to participation in assertion training programs.

Goals

This assertiveness workshop is designed to:

1. Help participants acquire the skills basic to effective and responsible assertion.
2. Provide a positive group atmosphere in which participants will feel relatively comfortable in trying out new behavior.
3. Aid participants in developing some understanding of the internal value conflicts they experience when being assertive.

Group Design

The workshop is designed as an intensive assertive training experience and consists of five 2-hour sessions held weekly.

While it is not absolutely essential to conduct pre-group screening interviews, it is desirable to do so for the following reasons:

1. To develop a sense of commitment to the workshop.
2. To clarify expectations.
3. To explain group format and procedures.
4. To screen out individuals for whom the training is inappropriate.

Evaluation

The model of assertiveness training presented in this manual includes a pre- and post-test design. Currently there exist several useful self-report paper and pencil measures of assertiveness, such as the *Sorensen self esteem test* (Sorensen) *Rathus Assertiveness Schedule* (Rathus, 1973), *Assertion Inventory* (Gambill & Rickey, 1975), *College Self-Expression Scale* (Galassi, et al, 1974),

Session 1

Objectives:

1. To establish the assertion skills baseline for each participant.
2. To give information in order to reduce participants' anxiety about the training.
3. To begin to develop a sense of cohesiveness and a positive group atmosphere.
4. To develop a clear understanding of the differences between assertion, aggression and non-assertion.
5. To help participants become aware of the influence that value conflicts and other internal processes have on inhibiting assertive behavior.
6. To internalize responsibility for being assertive, aggressive or non-assertive.
7. To use the homework assignment as a means of establishing a contract with each participant.

Introduction:

1. Leaders provide a general overview of group format and procedures. They also reveal the extent to which role-playing, lecturettes, and homework assignments, etc., are employed.
2. Leaders administer pretest and explain rationale for its use.
3. Leaders respond to any questions participants raise about the group.

Ice Breaker Exercise:

1. Leader instructs each participant to pair up with someone else and describe the hopes and fears each has (1) about being in this training in particular and (2) about being assertive in general. Each participant is told that she will be responsible for describing to the group her partner's expressed hopes and fears.
2. After about 5 to 7 minutes, the leader selects a member of the first dyad and asks that person to share what was learned about the partner. Do this until each participant has had a turn.

Distribute Session 1 Outline

Leaders now distribute the Session 1 Outline. The outline summarizes key assertive principles to be discussed during the first session, defines assertiveness.

Definition of Assertive Behavior by Leaders:

1. Present a clear, concise definition of assertive behavior.
2. Clarify and draw distinctions between assertive behavior and aggressiveness.
3. Explain the differences between non-assertive, aggressive, and assertive behavior.
4. Describe how being assertive requires being honest and involves respect for the other person.
5. Discuss each participant's reaction to the distinctions between non-assertive, aggressive, and assertive behavior.
6. Next the leader places a line on the chalkboard and places the word *non-assertive* at one end and *aggressive* at the other. The word *assertive* is then placed in the middle and the participants are asked to list adjectives that describe people who are non-assertive, assertive, or aggressive.

Non-Assertive	Assertive	Aggressive
<p>1. I am not interested in your opinion.</p> <p>2. I am not going to do that.</p> <p>3. I am not going to help you.</p> <p>4. I am not going to listen to you.</p> <p>5. I am not going to talk to you.</p> <p>6. I am not going to answer you.</p> <p>7. I am not going to respond to you.</p> <p>8. I am not going to react to you.</p> <p>9. I am not going to give you my opinion.</p> <p>10. I am not going to share my feelings with you.</p> <p>11. I am not going to tell you what I think.</p> <p>12. I am not going to let you know how I feel.</p> <p>13. I am not going to show you my emotions.</p> <p>14. I am not going to express my thoughts.</p> <p>15. I am not going to communicate with you.</p> <p>16. I am not going to interact with you.</p> <p>17. I am not going to engage with you.</p> <p>18. I am not going to connect with you.</p> <p>19. I am not going to relate to you.</p> <p>20. I am not going to understand you.</p> <p>21. I am not going to empathize with you.</p> <p>22. I am not going to care about you.</p> <p>23. I am not going to respect you.</p> <p>24. I am not going to value you.</p> <p>25. I am not going to appreciate you.</p> <p>26. I am not going to acknowledge you.</p> <p>27. I am not going to recognize you.</p> <p>28. I am not going to notice you.</p> <p>29. I am not going to see you.</p> <p>30. I am not going to hear you.</p> <p>31. I am not going to feel you.</p> <p>32. I am not going to know you.</p> <p>33. I am not going to love you.</p> <p>34. I am not going to cherish you.</p> <p>35. I am not going to treasure you.</p> <p>36. I am not going to prize you.</p> <p>37. I am not going to hold you in high esteem.</p> <p>38. I am not going to regard you with respect.</p> <p>39. I am not going to consider you worthy.</p> <p>40. I am not going to think of you as important.</p> <p>41. I am not going to regard you as valuable.</p> <p>42. I am not going to consider you as a person of worth.</p> <p>43. I am not going to think of you as someone who matters.</p> <p>44. I am not going to regard you as someone who is significant.</p> <p>45. I am not going to consider you as someone who is meaningful.</p> <p>46. I am not going to think of you as someone who is important to me.</p> <p>47. I am not going to regard you as someone who is special to me.</p> <p>48. I am not going to consider you as someone who is unique to me.</p> <p>49. I am not going to think of you as someone who is irreplaceable to me.</p> <p>50. I am not going to regard you as someone who is essential to me.</p> <p>51. I am not going to consider you as someone who is indispensable to me.</p> <p>52. I am not going to think of you as someone who is vital to me.</p> <p>53. I am not going to regard you as someone who is crucial to me.</p> <p>54. I am not going to consider you as someone who is necessary to me.</p> <p>55. I am not going to think of you as someone who is important to my life.</p> <p>56. I am not going to regard you as someone who is significant to my life.</p> <p>57. I am not going to consider you as someone who is meaningful to my life.</p> <p>58. I am not going to think of you as someone who is important to my future.</p> <p>59. I am not going to regard you as someone who is significant to my future.</p> <p>60. I am not going to consider you as someone who is meaningful to my future.</p>	<p>1. I am interested in your opinion.</p> <p>2. I am going to do that.</p> <p>3. I am going to help you.</p> <p>4. I am going to listen to you.</p> <p>5. I am going to talk to you.</p> <p>6. I am going to answer you.</p> <p>7. I am going to respond to you.</p> <p>8. I am going to react to you.</p> <p>9. I am going to give you my opinion.</p> <p>10. I am going to share my feelings with you.</p> <p>11. I am going to tell you what I think.</p> <p>12. I am going to let you know how I feel.</p> <p>13. I am going to show you my emotions.</p> <p>14. 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Finally, one of the leaders asks each participant to go to the chalkboard and place an X on the line somewhere between non-assertive and aggressive, which would characterize how they view themselves.

7. Leaders role-play a specific encounter three different ways: assertive, aggressive, and non-assertive responses.

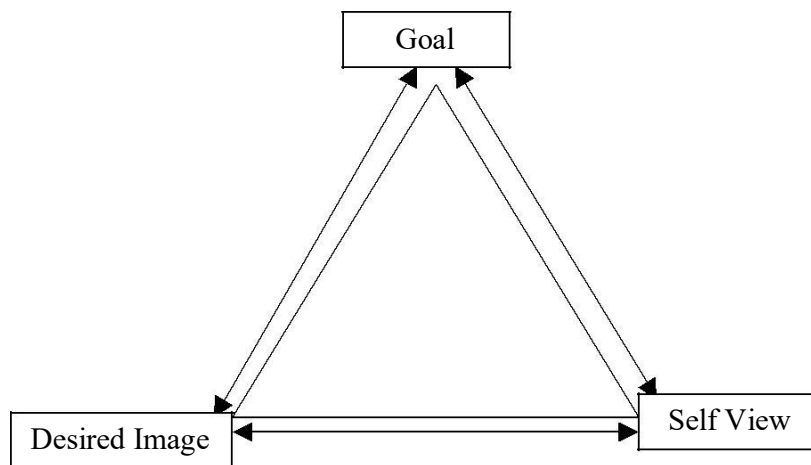
Leaders ask participants to observe all three role-plays and have them identify which one illustrated an aggressive, assertive or non-assertive response to the situation.

Developing Assertion Skills and Understanding Value Conflicts

1. Leaders explain that becoming assertive involves both:
 - a. The acquisition or strengthening of certain key skills.
 - b. The clarification and resolution of personal beliefs and values that currently inhibit them from being assertive.
2. Leaders initiate discussion about how we are conditioned in many situations to believe that being non-assertive is a socially desirable behavior.

Clarifying Value Conflicts

1. Leaders present 10 principles of the Bill of Rights (Smith, 1975) as found in Appendix A, and describe the early childhood belief corresponding to each of the 10 principles.
2. Leaders encourage participants to react and respond to any principle(s) in the Bill of Rights with which they have reservations or disagree. Leaders should encourage discussion by using active listening techniques to clarify and amplify participants' reactions.
3. Illustrate the various conflicts that participants have revealed through their reactions to the Bill of Rights. Use the triangle conflict model to clarify value conflicts.



Leaders indicate how being assertive usually involves internal conflict between values of different strength. *(Example: A person might wish to return a defective appliance, but also wants to maintain an image with others as someone who never makes waves or complains.)*

4. Highlight how the internal conflicts (value clashes) that most people experience often prevent them from being assertive. Help participants learn to take responsibility for being assertive, aggressive or non-assertive.
5. Assertion is a right not an obligation. Whenever we are involved in a situation in which we could be assertive, we face a choice: assert, pull back, or be aggressive. We are not required to be assertive in any situation. How we behave is our choice. Since we choose a certain course of action, we are the only ones who should legitimately take responsibility for that choice. Our choices should not become others' responsibilities.

Termination of Session 1 and Homework Assignments

1. Monitor yourself in various situations (work, class, social, and intimate relationships, etc.) and develop an awareness of how often you respond assertively or aggressively.
2. Identify which, if any, of the principles of the Bill of Assertive Rights you find difficult or impossible to implement.
3. Write up a contract that states the goals you wish to accomplish before the end of the final session of the workshop. State each goal as specifically as possible and where appropriate, give an example.

Session 2

Objectives:

1. To continue to build a sense of group cohesiveness and mutual trust.
2. To develop an awareness of the sequence of thoughts and actions involved in making an assertive response.
3. To help participants realize that assertive skills can be used to move closer to someone as well as to protect against or obtain objective goals.
4. To explain the key behavioral components of an assertive response.
5. To provide important attitudinal and cognitive guidelines for assertive responses.

Introduction:

1. Discussion of homework assignments and sharing of past week's experiences.
2. Collect each participant's contract and indicate that it will be returned next week.
3. Overview of the principles covered in Session 1 and distribution of the handout for Session 2.

Sequence of an Effective Assertive Response

1. Leaders describe the ideal chain of events, which, if followed, often leads to clear, honest, effective assertive behavior.
2. Assertive Response Sequence
 - a. The first step in the sequence is the "activating event," i.e. the situation or event that is causing the person to want to be assertive.
 - b. Before the person attempts to "blurt out" an assertive response, he or she should "look inside" (Step 2) to become aware of the feelings (anger, hostility, fear, caring, sorrow, defensiveness, etc.) and thoughts (irrational thoughts, "whatifs," imagined consequences, etc.) he or she is

- experiencing.
- c. After an individual understands the thoughts and feelings that are cascading within, he or she should try to identify some personal goals (Step 3) for being assertive in that particular situation. The more clearly a person understands his or her goal(s) the better the person will be able to *act* instead of *react*.
 - d. If possible, the person should attempt to achieve only one goal at a time. Often people try to achieve several goals simultaneously in a single assertive response. For example, a person might have the goal of expressing anger and disappointment, as well as receiving money back for a defective piece of merchandise. Compound assertive responses are difficult to formulate and often deepen frustration and hostility; therefore, Step 4 in the sequence is to identify and state the most important goal. Once having achieved the goal, the person can then attempt to satisfy the other less central goals.
3. Practice the *Assertive Response Sequence*: The leader asks each participant to imagine a situation in which they would like to be more assertive and mentally project into the situation. Ask each participant to visualize the activating event, become aware of his or her thoughts and feelings, identify the key goal, and formulate a clear assertive response. Have each participant describe his or her assertive response sequence and discuss the process.

Categories of Assertive Responses Lecturette

1. Leaders present a lecturette describing the three categories or reasons for being assertive as developed by Printz (1975).
 - a. *Objective Approach Assertion* is assertive behavior utilized in the pursuit of a movement toward an objective goal (e.g., asking for a pay raise, asking to borrow an object from a friend etc.)
 - b. *Subjective Approach Assertion* is assertive behavior utilized to approach another person for reasons of interpersonal attraction or any subjective communication to another person (e.g., getting beyond superficial acquaintances to actual friendships, communicating interpersonal feelings, etc.
 - c. *Defensive Assertion* is assertive behavior used to maintain one's individual rights and personal dignity: In essence, one is “defending” one's life-space.

Assertion Skills – Behavioral Components

1. Leaders explain and role-play examples of the non-verbal components of an assertive response.

a. *Eye contact* – Discuss the use of eye contact to engage another person.

b. *Body language* – Highlight the importance of effective body posture, use of gestures, and facial expression in communicating messages.

2. Have the participants form dyads and discuss any topic. Tell the participants that at the beginning they are not to make eye contact and are to restrict all body language cues. After about 2 minutes, ask them to slowly make eye contact and begin to bring their body into use in communicating their message.

Terminate the activity and discuss.

Assertion Skills – Attitudinal and Cognitive Guidelines

1. Leaders explain and role-play where appropriate examples of the following attitudinal and cognitive guidelines.

a. *Self-Inquire*: Stress the importance of looking inward to identify feelings and thoughts before being assertive.

b. *Use “I” Statements*: “I” statements minimize defensiveness and reduce the likelihood of escalating negative feelings. Contrast the positive outcomes usually associated with “I” statements with the negative, usually non-productive results generated by “you” statements.

c. *Be goal-directed*: It is critical to know the goal of being assertive in a particular situation so that an individual can focus clearly on goal relevant behaviors and not be distracted by irrelevant information, attitudes, opinions, etc. Do not attempt to achieve multiple goals in a single assertive response if possible.

d. *Assert without long delays*: It is best for a person to assert as soon as he or she is aware of both desire and goal. The longer a person delays, the more likely she or he is to not assert or to allow intervening influences to weaken the intended message.

e. *Be persistent*: Stress the difference between being persistent and insisting on something. Many times it is necessary to restate and understand what is being communicated.

Practice in Identifying Behavioral, Attitudinal, and Cognitive Attributes

1. Leaders role-play a series of four short encounters that all demonstrate a deficiency in a specific assertive component or guideline. Ask the participants to identify and describe the problem and then suggest how it could have been improved.
2. Ask the participants to form dyads and devise a role-play situation to perform for the group. The role-play should illustrate a specific deficiency, and the group's task is to discover the error.

Termination of Session 2 and Assignment of Homework

1. Summarize principles covered during this session and discuss any questions or issues raised.
2. Make the following homework assignments:
 - a. Observe yourself in front of the mirror for 10 minutes. While observing, be sure to talk in order to provide a clear impression of how you appear to others.
 - b. In your interactions with others during the week, attempt at least one of the three kinds of assertive responses: (1) defensive assertion, (2) objective approach assertion, and (3) subjective approach assertion.

Session 3

Objectives:

1. To begin to increase the participants' level of assertive skills under low threat conditions.
2. To involve all group members in the process of learning to discriminate (feedback role) effective assertive response.
3. To have each group member become involved in communicating (role-play) an effective assertive response.
4. To utilize peer feedback as much as possible to energize skill acquisition.
5. To reinforce and encourage participants to keep trying to become more assertive.

Introduction:

1. Discussion of homework assignments, returning contracts, and sharing of past week's experiences.
2. Overview of the principles covered in Sessions 1 and 2.

Developing Assertion Skills – General Information

1. Leaders indicate to participants that most of the remaining group time will be devoted

to developing and refining assertion skills.

2. Describe the participants' roles and responsibilities in giving honest and clear feedback to each other. Give a short lecturette on how to give feedback.

3. Stress the need for feedback with regard to possible values conflicts, as well as non-verbal skills and attitudinal and cognitive difficulties revealed by the role-plays. Emphasize the importance of positive as well as negative feedback.

Assertion Skills Practice – Leader Contrived Situations

1. The leader selects the first situation from the Practice Situations list on the handout for Session 3. Then the leader selects the person to right and asks that person to role-play the situation selected.

2. Next the leader describes the situation more fully and indicates the goal to be achieved. He or she then instructs the participant to assert as effectively as possible, emphasizing the guidelines presented in the workshop during Session 2. The remaining participants are assigned the responsibility of giving feedback.

3. The leader then initiates the role-play in as realistic a manner as possible, being careful not to “stimulus flood” the participant who is attempting to assert. The role-play should be terminated after 2 to 3 minutes if the person has not been able to be assertive.

4. Feedback is encouraged first from the individual who role-played, then the other group members, and finally the leaders.

5. The sequence outlined below in steps 1, 2, 3, 4 above is repeated until all group members have had a chance to role-play one of the contrived, low threat situations.

Identification and Discussion of the Strength and Weaknesses Uncovered by the Role-Plays

1. During the role-plays, the leaders catalogue and conceptualize the basic difficulties encountered by most group members as they attempted to role-play.

2. Leaders should be sure to give feedback that helps identify values or role conflict as well as behavioral and attitudinal skillfulness.

3. Leaders comment on how effectively the participants utilized the attitudinal and cognitive assertion principles.

4. The leader's goal is to give general feedback to the group, as opposed to specific

feedback to individuals. Also, the leaders are trying to encourage participants and promote a “can do” attitude.

Homework Assignments

1. Instruct participants to try to be more assertive in situations they encounter during the week. Ask them to keep track of situations in which they attempted to be more assertive than before.
2. Ask participants to describe in writing two situations in which they have been unable to be assertive but would like to be. Have them specify their goals and the imagined consequences of being assertive in each situation.

Session 4

Objectives:

1. To increase the relevance of the role-play experiences by using real life problems.
2. To practice being assertive under higher level anxiety conditions.
3. To further skill development.
4. To continue to identify value and role conflicts that inhibit assertive behavior.
5. To utilize peer feedback as much as possible to energize skill acquisition.

Introduction:

1. Discussion of homework assignments and clarification of the two life situations in which each participant would like to become more assertive.
2. Sharing of the successes and failures encountered during the week as participants tried to be assertive.

Assertion Skills Practice Role Play – Personal Life Situations

1. The leaders ask the participants to think of one of the life situations in which they would like to be more assertive and then to be able to describe it in enough detail to allow realistic role-playing. Ideally, each participant should contribute a life situation example to this role play. The leaders ask the participant to identify his or her goal, label what he or she would feel like in the situation, and describe the probable behavior of the person being asserted to.

2. One of the leaders then takes the role of the person being asserted to and asks for two other group participants to each try to give an effective assertive response. Then the participant who originally stated the problem tries to make an assertive response. Each role-play should last no more than approximately three minutes.
3. The remaining members of the group are asked to give feedback to all three participants involved in the role-play. Again, feedback should center on unearthing values and role conflicts, as well as the basic components of good assertive behavior. It may be useful to refer back to the “triangular conflict” model discussed in Session 1.
4. If some group members have not been participating in giving feedback to others, it may be necessary to assign specific feedback tasks. If this situation occurs, it would be possible for example, to assign some participants responsibility for giving feedback about non-verbal behavior, values conflicts, timing, good directedness, persistence, the Bill of Rights, etc.
5. After the final role-play, the leaders provide feedback about overall group progress and offer suggestions for the group when appropriate. Leaders might also offer concrete suggestions or describe techniques to individuals who seem to be unable to progress for one reason or another.

Homework Assignments

1. Before Session 5, each participant is asked to deal assertively with the life situation they role-played in the group during Session 4.
2. Each participant is given an individual assignment that focuses on helping that person overcome a specific problem the leaders have observed.

Session 5

Objectives:

1. To identify specific problems or difficulties individuals are expressing and practice skills that help overcome the barriers.
2. To solidify skill development and increase awareness of internal factors that may still be inhibiting individuals from asserting.
3. To give an overview of the progress of the group over the span of the workshop.
4. To evaluate individual growth, program accomplishment, and leader effectiveness.

Introduction:

1. Review and share experiences participants encountered during the week. Leaders should use active listening skills to tease out any special problems that could be worked on during the final session.
2. Each leader describes her viewpoint on the progress of the group.

Practicing Assertion Skills – Personal Life Situations

1. The same procedures as outlined in Session 4, ***Assertion Skills Practice Role Play – Personal Life Situations***, are followed, except that group members play the role of the person to whom the assertive response is being directed as well as play the asserter's role.
2. The leader do not become involved in the role-plays except to give feedback.

General Group Discussion

1. The leader facilitate a free-flowing discussion dealing with whatever assertion related issues participants wish to raise.
2. Leader solicit feedback about the overall workshop effectiveness and arrange for a follow-up session approximately one month later.

Evaluation: Post-test is administered.

Overview of Session 1

Definition of Terms:

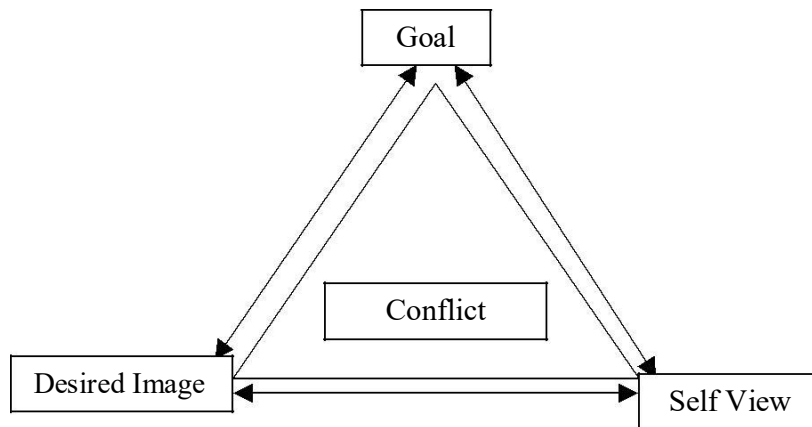
1. *Assertion*: Standing up for oneself in such a way that one does not violate the basic rights of another person. It's a direct, honest and appropriate expression of one's feelings and opinions.
2. *Aggression*: Standing up for oneself in such a way that the rights of the other person are violated in the process. It's an attempt to humiliate or put down the other person.
3. *Non-assertion*: Failing to stand up for oneself, or standing up for oneself in such an ineffectual manner that one's right are easily violated.

From Jakubowski – Spector (1974)

Becoming Assertive Requires:

1. Developing or refining specific verbal and non-verbal skills.
2. Resolving or understanding the values and beliefs you hold which influence you to be either non-assertive or aggressive under certain conditions.

Conflict and Being Assertive



Homework Assignments

1. Monitor yourself in various situations (work, class, social and intimate relationships, etc.) and develop an awareness of how often you respond assertively, non-assertively or aggressively.
2. Identify which, if any, of the principles of the Bill of Assertive Rights (Appendix A) you find difficult or impossible to implement.
3. Write up a contract, which states the goals you wish to accomplish before the end of the final session of the workshop. State each goal as specifically as possible; where appropriate, give an example.

Overview of Session 2

Assertive Response Sequence (4 Steps)

1. Activating event.
2. Look inside to identify thoughts and feelings.
3. Identify goals in order to “act” instead of “react.”
4. Achieve one goal at a time.

Reasons for Being Assertive (Printz, 1975)

1. Objective approach assertion
2. Subjective approach assertion
3. Defensive assertion

Assertion Skills

1. Behavioral Components
 - eye contact
 - body language
2. Attitudinal and Cognitive Guidelines
 - self-inquire
 - “I” statements
 - goal-directedness
 - timing
 - persistence

Homework Assignments

1. Observe yourself in front of a mirror for 10 minutes. While observing, be sure to speak out loud in order to provide a clear impression of how you appear to others.
2. In your interactions with others, attempt at least one defensive approach, one objective approach, and one subjective approach assertion during the week.

Overview of Session 3

Practice Situations for Role Play

1. Person borrows newspaper.
2. Person takes seat you are saving.
3. Clerk demands reason you are returning item.
4. You are short-changed in the restaurant.
5. Person changes T.V. station in public lounge.
6. You receive wrong order in restaurant.
7. Someone cuts in line for a ticket or supermarket.
8. When checking into a hotel, you find a higher rate than promised.
9. When buying tires, you notice the mechanic putting the white walls on the inside.
10. Saying “no” to door-to-door salesman.
11. Giving a compliment to someone who is shy and doesn’t accept compliments well.

Homework Assignments

1. Be more assertive in dealing with situations you encounter during the week. Keep track of situations in which you attempted to be more assertive than before.
2. Describe in writing two situations in which you have been unable to be assertive but would like to be. Specify your goals and the imagined consequences of being assertive in each situation.

A Bill of Assertive Rights

1. You have the right to judge your own behavior, thoughts, emotions, and to take the responsibility for their initiation and their consequences upon yourself.
2. You have the right to offer no reasons or excuses justifying your behavior.
3. You have the right to judge if you are responsible for finding solutions to other people's problems.
4. You have the right to change your mind.
5. You have the right to make mistakes – and be responsible for them.
6. You have the right to say, "I don't know."
7. You have the right to be independent of the good will of others before coping with them.
8. You have the right to be illogical in making decisions.
9. You have the right to say, "I don't understand."
10. You have the right to say, "I don't care."
11. You have the right to express positive feelings towards others.
12. You have the right to be non-assertive in chosen situations and to feel good about yourself.

Adapted from Smith (1975)

Appendix B: Rational Self-Analysis

- A. **Activating Event** (situation about which you became overly upset, anxious, depressed, etc.)
- B. **Beliefs** (rational and *irrational* thoughts, ideas, and beliefs about this activating event)
- C. **Consequences** (the emotions and actions resulting from your irrational beliefs)
- D. **Disputing** (questioning or challenging you can use to change your irrational beliefs)
- E. **Effect** (new coping statements and thoughts you obtained from disputing your irrational beliefs)

From Ellis (1973)

Assertiveness Questionnaire

Indicate how comfortable you feel in each of the following situations.

- Score 1 if you feel very uncomfortable
- 2 if you feel slightly uncomfortable
- 3 if you feel reasonably comfortable
- 4 if you feel very comfortable

Enter 1, 2, 3 or 4

1. Asking for the service you expect when you haven't received it in a shop or restaurant
2. Expressing anger when you are angry
3. Receiving a compliment and saying something to acknowledge that you agree
4. Discussing another person's criticism of you openly with them
5. Speaking up in front of a group
6. Telling a friend that they are doing something that bothers you
7. Requesting the return of a borrowed item without apology
8. Initiating a conversation with a stranger
9. Telling an acquaintance that you like him or her
10. Returning a defective item to a shop or restaurant
11. Asking a favor of someone
12. Turning down a request for a meeting or date
13. Admitting to either fear or ignorance
14. Asking for and accepting constructive criticism
15. Saying 'no' to someone without being apologetic
16. Telling a friend exactly how you feel
17. Arguing with another person
18. Touching a colleague or friend affectionately
19. Treating yourself or doing something just for you
20. Refusing a friend a favor when you don't want to do it

TOTAL SCORE

If you get a score of above 60 you probably have pretty good assertiveness skills, but beware, you may be being aggressive without realizing. If you score below 60 you will probably benefit from practicing your assertiveness skills.

CHAPTER – I

INTRODUCTION

“The only healthy communication style is assertive communication.” jim Rohn

Assertiveness is a form of behavior characterized by a confident declaration or affirmation of a statement without need of proof; this affirms the person's rights or point of view without either aggressively threatening the rights of another assuming a position of dominance or submissively permitting another to ignore or deny one's rights or point of view.

Assertiveness is the ability to express yourself and your rights without violating the rights of others. Assertiveness is frequently misunderstood. Assertiveness is very different from aggressiveness and non-assertiveness. Aggressiveness involves expressing thoughts, feelings and beliefs in a way that is inappropriate and violates the rights of others while assertiveness tries to find a solution. Non assertive behavior is passive and indirect. It permits others to violate the rights and shows lack of respect to our own needs. It communicates a message of inferiority.

Assertiveness is a tool for expressing confidently and a way of saying ‘yes’ or ‘no’ in an appropriate way. We are consciously working towards a “win-win” solution to problem. A win -win solution means that we are trying to make sure that both parties end up their needs met to the degree possible. An assertive person effectively influences, listens and negotiates, so that others check to corporate willingly.

An assertive person should be emotionally honest, direct, self enhancing, expressive, confident and self respecting. It teaches students not to be aggressive, loud, bullying and trying to dominate others. Assertive nurse remains calm under

supervision, free to ask for help when necessary, ability to give and accept complaints, honesty in admitting mistakes and taking responsibility.

Almost everyone will experience a lack of self-confidence. So some easy techniques are using to increase self confidence . Assertiveness training is the best way to deal with those situations, both in and out of work, where you feel you lack confidence. It is a way of un-hooking yourself from the learned behaviors of the past and re-programming yourself to be more assertive.

Self assertiveness is the ability to express self openly and honestly, be confident with true values is courteous to speak when needed. Acting assertively can increase self confidence in relationship, helps to feel better and give a sense of control in everyday situations. The aim of this assertiveness training module is to:

- Help the adolescents develop guidelines for dealing assertively with aggressive behaviour.
- To enable the adolescents to increase awareness of their emotional reaction to other people's behaviour and how to deal with the people they find 'difficult'.
- To build up an ability to get their point across effectively whilst building an understanding of other's feelings.

Adolescence is a crucial period in the development of the self-concept. Adolescence, the word from Latin: adolescence meaning "to grow up" and is a transitional stage of physical and mental human development generally occurring between puberty and legal adulthood (age of majority) but largely characterized as beginning and ending with the teenage stage.

Adolescence is defined as the period during which physically, mentally, socially and emotionally the biggest changes happen. The use of assertiveness training as a part of program to enhance social skills has been shown to have positive benefits for

adolescents' self concept (Stake, DeVille & Pennell1983), lowered self-abasement and improved locus of control (Jackson, 1979; Waksman, 1984b).

Adolescent period of transition starts at the age of 13 years and ceases by the age of 19 years. Adolescence is a period of preparation for adulthood during which time several key developmental experiences occur. Adolescents go through many changes. One characteristics feature seen in the adolescents is self hatred. This is a strange emotion, it is outrageously common in teenagers and it can be extremely hard to get out of the rut it creates. The alternative to self hatred is self confidence or self esteem. It is an inevitable part of growth for normal human beings. Lack of self esteem may lead to poor acquirement of the skills and abilities that are needed to achieve objectives and thus it in turn affect one's successful way of life.

Branden's (1969) description of self-esteem includes the following primary properties:

1. Self-esteem as a basic human need, i.e., "...it makes an essential contribution to the life process", "...is indispensable to normal and healthy self development, and has a value for survival."
2. Self-esteem as an automatic and inevitable consequence of the sum of individuals' choices in using their consciousness
3. Something experienced as a part of, or background to, all of the individuals thoughts, feelings and actions.

Self-esteem is a concept of personality, for it to grow, we need to have self worth, and this self worth will be sought from embracing challenges that result in the showing of success.

Self-esteem is commonly defined as the belief that a person is accepted, connected, unique, powerful, and capable. Self-esteem issues take on a particular

significance for students with learning or attention problems because self-assessment of this concept requires the ability to evaluate and compare. These are two skills that are extraordinarily challenging for students with special needs. Therefore, these children are often unable to accurately measure or assess their own self-esteem. Because self-esteem is a feeling - not a skill - it can only be measured by observing the way in which a person acts or behaves. Teachers and parents must become keen and insightful observers of children in order to assess their self-esteem.

Low-self-esteem is also associated with feelings of being weak, helpless, hopeless, frightened, fragile, in-complete, worthless and inadequate. They suffer from negative thoughts and fail to recognize their potential, they fear criticism and take compliments negatively and are afraid to take up responsibilities, and afraid of forming their own opinion.

Assertiveness training is the best way to deal with those situations, both in and out of work, where you feel you lack confidence. It is a way of un-hooking yourself from the learned behaviors of the past and re-programming yourself to be more assertive.

NEED FOR THE STUDY

Today's adolescents are the leaders of tomorrow, so their behaviour should be shaped. Many adolescents do not let their ideas out which is inside them because it may go wrong. Many studies revealed that assertive training helps to improve the assertive behaviour. The adolescents face so many problems; it is during this time that adolescents find their own identity and learns to become independent in making life decisions. It is the period where they are overtly conscious of their different aspects of personality. They are very vulnerable group whose self esteem and quality of life can be influenced by the slightest stimuli or trigger.

The self esteem of adolescents can be affected by many factors such as: puberty and development when the body goes through many changes. These changes combined with wanting to feel accepted by their friends, means it can be tempting to compare themselves with others. Media and celebrities also influence the adolescents when they start comparing themselves to their ideals. Family and school also highly affect the self esteem of the adolescents where they are expected to behave in a certain way.

Many studies have shown that low self-esteem is actually a thinking disorder in which an individual views himself as inadequate, unworthy, unlovable, and/or incompetent. Once formed, this negative view of self permeates every thought, producing faulty assumptions and ongoing self-defeating behaviour. Seven in ten girls believe they are not good enough or do not measure up in some way, including their looks, performance in school and relationships with friends and family members.

A study have shown that 78% of girls with low self-esteem admit that it is hard to feel good in school when you do not feel good about how you look (compared to 54% of girls with high self-esteem). 75% of girls with low self-esteem reported engaging in negative activities such as disordered eating, cutting, bullying, smoking, or drinking when feeling badly about themselves (compared to 25% of girls with high self-esteem). 61% of teen girls with low self-esteem admit to talking badly about themselves (compared to 15% of girls with high self-esteem).

Studies have shown that assertiveness training modules makes the adolescents more sensitised to individual and interactional problems as well as led them to mobilise their own resources to improve their self esteem and thereby improve their quality of life. Assertiveness is not something that is inherited.

Our world is home to 1.8 billion young people between the ages of 10 and 24, and the youth population is growing fastest in the poorest nations. About nine out of 10

people between the ages 10 and 24 live in less developed countries. Current Population of India in 2012 is estimated to be 1.29 billion. Nearly 90 per cent live in developing countries. With 356 million 10-24 year-olds, India has the world's largest youth population despite having a smaller population than China . Tamil Nadu is the eleventh largest state in India by area and the sixth most populous state in India .Tamilnadu has the Population of 7.2 cores of which there are around 1.24 core boys and girls in the 10-19 age groups. Statistics shows that many of the young adolescent girls are found to have low self worth and depression due to increased child labor in dindigul district. It is estimated that up to a half of adolescents struggle with low self esteem, many of these occurrences during the early teen years. One of the most significant periods for increased rates of lower self-esteem is the transition from one stage of education to the next. The most observable of these is the transition from primary (elementary) to junior high or middle school. Research has shown that between the ages of 8 and 13 teens self esteem levels drop markedly, girls more than boys (Rhodes et al, 2003; Robins et al 2002).

Studies have found that one-third to one-half of adolescents struggle with low self esteem, especially in early adolescence. The results of low self-esteem can be temporary, but in serious cases can lead to various problems including depression, anorexia nervosa, delinquency, self-inflicted injuries and even suicide. Self esteem is related to school performance and delinquency. Adolescents with low self-esteem are more likely to do poorly in school, to become pregnant, or to impregnate a partner.

A National Report on the State of Self-Esteem, commissioned by the Self Esteem Fund, in United States reveals that there is a self-esteem crisis in this country that pervades every aspect of a girl's life including her looks, performance in school and relationships with friends and family members. 62% of all girls feel insecure or not

sure of themselves.75% of girls with low self-esteem reported engaging in negative activities such as disordered eating, cutting, bullying, smoking, or drinking when feeling badly about themselves.25% of teen girls with low self-esteem resort to injuring themselves on purpose or cutting when feeling badly about them.25% of teen girls with low self-esteem practice disordered eating, such as refusing to eat, or over-eating and throwing up when feeling badly about themselves.

The student researcher personally experienced many adolescent girls having problems of low self esteem. So, for this reason, student researcher conducts this study among adolescents and implement assertiveness training module for improving the knowledge regarding assertive behavior and self esteem.

STATEMENT OF THE PROBLEM:

A study to evaluate the effectiveness of assertiveness training on low self esteem among early adolescent girls age group between (13-15 years) at selected schools in dindigul district.

OBJECTIVES OF THE STUDY:

1. To assess the pretest and post test level of self esteem among early adolescent girls in the control and experimental group.
2. To evaluate the effectiveness of assertiveness training on low self esteem among early adolescent girls in the experimental group.
3. To find out the association between the levels of self esteem among early adolescent girls and their selected demographic variables.

HYPOTHESIS

- H1- The mean post test level of self esteem will be significantly higher among early adolescent girls in the experimental group than the mean pre test level of self esteem among early adolescent girls.
- H2- The mean post test level of self esteem among early adolescent girls in the experimental group will be significantly higher than the mean post test level of self esteem in the control group
- H3: There will be significant association between level of self esteem and their selected demographic variables of adolescent girls.

OPERATIONAL DEFINITIONS

- **Effectiveness**

It refers to extent to which Assertiveness training improves the level of self esteem as experienced by Adolescent girls which is measured by using standardized sorensen self esteem scale.

- **Assertiveness Training**

In this study it refers to structured training program developed by the student researcher which refers to systematically developed material designed for adolescents that promotes assertive behavior that enhances self esteem. It includes concept of assertive communication, basic human rights, types of response patterns, behavioral components, techniques that promote assertive behavior and self esteem.

Assertiveness training consist of the following sessions includes introduction, rapport formation, ice breaking, group discussion, role play, modeling, evaluation and conclusion

- **Low Self – esteem**

It refers to overall poor evaluation of one's own worth, self respect and independence which is measured by using Standardized Sorensen self esteem scale

- **Adolescent girls**

In this study early Adolescent girls refers to the age group between 13-15 years.

ASSUMPTIONS

1. Early Adolescent girls may have varying levels of self esteem
2. Assertiveness training may improve the self esteem of Adolescent girls

THE STUDY IS LIMITED TO

1. Adolescent girls those whose age between 13-15 years
2. Adolescent girls of selected schools at Dindigul district
3. A period of 6 weeks
4. Those who are available during the study process

PROJECTED OUTCOME

The study will evaluate the assertiveness training in increasing the level of self esteem among adolescents in selected schools in order to be able to stand for their own rights in every aspect of their lives. Findings of this study will help to plan and practice assertiveness in day today life, thereby to develop a healthy communicative style.

CHAPTER - II

REVIEW OF LITERATURE

Review of Literature is an ongoing process and covers the entire planning stage-
A good research does not exist in vacuum. An intensive Review of Literature was done by the investigator to lay a broad foundation for the study.

The literature was reviewed and presented under the following heading:-

- 1. Literature related to self esteem.**
 - i. Signs of low self worth
 - ii. Symptoms of low self esteem
 - iii. Management to overcome low self esteem
- 2. Literature related to assertiveness.**
 - i. Definition of assertiveness
 - ii. Advantages of assertive communication
 - iii. 4 response pattern
 - iv. Behavioral components of assertiveness
 - v. Techniques that promote assertive behavior
- 3. Studies related to Assertiveness Training Program on self esteem among Adolescent girls.**
- 4. Studies related to self esteem**
- 5. Studies related to assertiveness training.**

1. Literature related to self esteem.

i. Signs of low self worth

These are merely a collection of signs that found to be commonly displayed at teens who have issues related to low self worth.

1. Walking with their head down

One of the most observable signs of low self esteem is when a teenager walks everywhere with head pointed downwards and their chin stuck to the top of their chest. This is physical expression of shame and embarrassment. Teens who with low self esteem often feel like they want to hide and get through public situations unnoticed.

2. Doesn't make eye contact when talking

Teens who feel that they are not worth much find it very hard to , make eye contact with others when communicating. They avoid making a connection because they assume others have the same negative view of them as they do.

3. Uses negative "I am "statements

The languages teens use will often convey what it is they believe, this is especially true of how they speak about themselves. Teenagers who commonly refer to themselves as hopeless or worthless are expressing a brief about who they are. Phrases like "I am Useless" , " I always get it wrong ", I could never do that " or " the world would be better off without me" are examples of someone expressing negative beliefs about who they are.

4. Often involved in teasing, name calling, or gossiping about others

Teenagers who feel bad about themselves will often seek to be negative about others. This is usually a defense mechanism. Often teens will be most critical of others who exhibit similar qualities that they don't like about themselves. Other times it is a simple matter of making themselves feel or look better by making others look worse.

5. Engages in inappropriate physical contact or avoids physical contact

There is nothing more personal than our physical bodies. Teens who feel worthless and long for affirmation may seek to find it physically. The desire for physical touch from others is fueled by a deep sense of longing for acceptance and connectedness.

6. Use gestures that are dramatic and out of context

When teens feel like they are not valuable or worthwhile they can crave attention. One way of getting attention is act in such a way so that people notice. Teens who act in a manner that is out of context are often those who have not been given the care or attention they required when they were younger.

7. Excessive bragging about themselves, their achievements, or appearance

One way of fighting deep feelings of being worthless is by trying to convince ourselves and others that we are not. Teenagers who are constantly talking about how good they are, or how good they look are trying to convince other people and, most importantly, themselves that they are valuable.

8. Speaks too loudly and aggressive in tone

When a teenager feels worthless they can believe that everyone else thinks they are insignificant too. In order to compensate for these feelings of insignificance teens will try to verbally dominate communication as a means of seeking attention and recognition. Unfortunately this will often result in increased levels of personal rejection from others.

9. Avoids social situations

If a teenager feels they are unlikeable they will avoid situations which reinforce that belief. Teens who have few friends or weak relational bonds with peers commonly have quite low self esteem. Peer relationships are an important component of how teens develop self worth. Teenagers who have few friends, or find it hard to make friends will feel less confident about who they are, this in turn results in them being less confident and willing to build friendships. The cycle continues.

10. Apologizes constantly

Apologizing a lot is usually associated with feeling guilty. If a teen believes they get things wrong all the time or don't measure up to expectations they will feel guilty for failing. It creates a cycle. The guiltier they feel, the worse they feel about themselves, and the worse they feel about themselves, the guiltier they feel. Constant apologizing comes from the excessive feelings of guilt a teen may feel.

ii. Symptoms of Low Self-Esteem

Fear & Anxiety are the cornerstones of low self esteem. Those who suffer from low self-esteem experience extreme fear and anxiety frequently. During these attacks they may attack or withdraw and isolate while feeling embarrassed, humiliated, devastated, depressed, even despairing. Depending on how seriously they perceive their "mistake" they may not recover for minutes, hours, days, or longer. They are often too fearful to ask for help, thinking that needing help is an admission of inadequacy.

Self-Esteem Attacks: Often mistakenly called panic attacks, Self Esteem Attacks often lead to depression and feelings of devastation. Common to some degree to all who suffer from low self esteem, Self Esteem attacks occur when a person perceives she has done or said something insensitive, inappropriate, stupid, or

ridiculous. As a result of these dreaded periods of self-loathing the low self esteem sufferer tends to do such things as: a) isolate or refrain from new activities to avoid looking foolish or inept, b) stay quiet and not share ideas or perceptions for fear of saying something "wrong," c) not initiate with others for fear of rejection, and d) not look for a better job because of feelings of inadequacy, or e) remain in a destructive relationship because of feeling too inadequate to be alone.

Depression: Low self-esteem is the underlying cause of much of the depression people suffer. They feel that there are things they can't do well, especially as it concerns social skills, being successful, initiating and maintaining relationships, or having the courage to try new things. As a result they often feel hopeless about their situation and about the future.

Hypersensitivity: Because those with low self-esteem feel so inadequate, they automatically think that others see them in the same way and that others are laughing at them, will likely reject them, do not respect them, and will take advantage of them. Consequently they tend to watch for signs this is happening and then tend to be overly sensitive and are easily offended.

Hypervigilance: Feeling inadequate, as though they don't fit in, and then constantly **fearful** of repercussions, low self esteem sufferers watch others in an effort to figure out what to do and say, what to wear-what seems to work. But, as situations change, behaviors also change leaving these individuals confused about what they should do or say, adding to their **anxiety** and **fear** of rejection and so their **social and relationship skills** do not improve leading to many **boundary issues**.

Lack of Assertiveness: Assertiveness requires boldness that most low self esteem sufferers do not have. They are often too **fearful** of upsetting others (and then being rejected) to tell the truth, ask for what they want, or share their feelings. Instead, they tend to become **passive** until their anger builds at which point they can become **aggressive**-defensive, sarcastic, brusque, or rude, even violent such as is the case with domestic, gang, and teen violence. Another response often give by those who have low self-esteem is acting in ways that are **passive-aggressive**. Examples are any form of manipulation, planned tardiness, throwing out cues for the other to pick up on, making insinuations to get the other person to do what you want, gossiping, etc.

Lack of Self-Confidence, those with low self esteem generally become either **overachievers** or **underachievers**. Other low self esteem sufferers remain in unsatisfying and or abusive relationships, remain in jobs where the pay is poor and the benefits nonexistent, give up on their dreams, and float through life because they are convinced that trying to change these factors will result in failure, humiliation, or being alone. People who **lack self-confidence** are very needy. These are **self-defeating behaviors** that low self esteem sufferers repeat over and over.

Obsessive-compulsive or addictive behaviors: Trying to feel better about themselves, those with low self esteem may become involved in over spending, alcohol, perfectionism, drugs and illicit sex.

Workaholic behavior: Because we all gravitate to the place where we feel best about ourselves many people with low self esteem become workaholics. As a result those with low self esteem stay at jobs even though the pay is poor and benefits are nonexistent rather than try for a new job, or rather than focus on building individual relationships.

Overachieving & Underachieving Behaviors: A widely-held belief, at least in the past, has been that those who suffer from low self esteem would naturally become underachievers. Too anxious and fearful of failure, rejection, or making a fool of themselves, some low self esteem sufferers have shrunk back and not put forth their best effort to be successful, choosing instead to stay safe. For underachievers, each new level of success has brought feelings of accomplishment that are unfortunately short-lived, requiring that they push even harder.

Poor Boundaries: Most people who suffer from low self esteem have come from homes with poor boundaries. Individuality and creativity may have been discouraged; personal space and ownership of personal possessions may have been violated; the right to have personal preferences or make choices may have not have been allowed. The freedom to express oneself may have been squelched. Individuals coming from this environment may feel to frightened to share their feelings or to even know what they feel; they may not know what is acceptable or unacceptable behavior and act in ways that looks stilted or awkward.

Poor Relationship and Social Skills: Adding to the fact that many low self esteem sufferers did not get the necessary support or guidance in developing social skills during their developmental years, they now find themselves paralyzed in knowing what to do differently or in having the courage to ask for help; they view asking others for help as a sign of inadequacy. Fearful of trying anything different and anxious about putting themselves in any new environment where they may not know what is expected, they become Floaters in life-taking what comes without doing much to chart their path or increase their skills.

Unreasonable Expectations: Low self esteem sufferers often "test the love and devotion" the of people they are with, throwing out cues as to what they want or need and then expecting their partner's, friends, and family to pick up these cues and supply what's wanted or needed. In this way they set themselves up with unreasonable expectations and are often disappointed-something they internally digest as the other person "not caring."

Discouragement Discouragement is a common emotion of those with low self esteem who have unusually high expectations of others and who have either unreasonably high or non existant goals for themselves. Striving for unreachable goals is a recipe for feeling like one is failing.

III. Management to overcome low self esteem

In order to overcome low self-esteem it's necessary to break the cycle that keeps it going. Assertiveness training is one of the behavioral therapy to overcome low self esteem. *Cognitive Behavior Therapy* (CBT) is an approach for tackling low self-esteem, because it provides a clear framework for understanding how the problem developed and what keeps it going.

2. Literatures related to assertiveness

i. Definition of assertive communication

Assertive communication is the straight forward and open expression of your needs, desires, thoughts and feelings. Assertive communication involves advocating for your open needs while still considering and respecting the needs of others.

Self assertion

Self-assertion is partly an attitude of mind in how you feel about yourself and others and partly a set of techniques which can be practiced. The techniques reinforce the attitude of mind. The benefits of being assertive are that you are able to:

- handle others with confidence and courtesy
- handle any encounter with efficiency, no matter how difficult
- leave other people with a positive impression of you and your organization
- say the right thing in the right way
- Feel satisfied with the outcome of a situation.

Developing assertive techniques is worthwhile but like anything else worth having, it will warrant investing some time to develop assertion techniques.

ii. The advantages of assertive communication

1. It helps to feel good about ourselves and others
2. It leads to the development of mutual respect with others
3. It increases our self esteem
4. It helps us achieve our goals
5. It minimizes hurting and alienating other people
6. It reduces anxiety
7. It protects us from being taken advantage of by others
8. It enables us to make decisions and free choices in life.
9. It enables us to express, both verbally and non- verbally a wide range of feelings and thoughts, both positive and negative.

iii. Response pattern

There are four response patterns

1. Non assertive or submissive
2. Assertive
3. Aggressive
4. Passive aggressive

NON-ASSERTIVE BEHAVIOUR

It is important to be able to identify the symptoms of submissive, aggressive and assertive behavior in yourself and in others. Submissive people are usually able to recognize this weakness in themselves only too easily. However, those who are over-dominant are rarely aware that they are behaving aggressively until they start checking through a list of characteristics.

Submissive people will:

- feel manipulated
- keep quiet even when other people's behavior upsets them
- find themselves lumbered with unwanted tasks
- will adopt the majority viewpoint/stance
- give in to other people
- not volunteer their own ideas or feelings
- always agree, even when they know it is wrong to do so
- be apologetic for their attitudes or behavior
- believe in "anything for a quiet life".

You can recognize a submissive person because they:

- are hesitant
- Precede sentences with apologies “I’m terribly sorry...”
- speak very quietly
- allow sentences to trail off
- use “er” and “um” a lot
- always qualify statements and frequently use “possibly”, “perhaps”
- maintain very little eye contact with the other person
- use nervous jerky movements or fiddle with hair, rings, pens, cuffs, etc
- hunch their shoulders, shuffle their feet
- cross their arms for protection
- look worried and do not smile
- back away.

iv.ASSERTIVE BEHAVIOUR

Assertive people will:

- express their ideas and feelings openly but accord others the same right
- acknowledge the right of another person to a different point of view
- keep their emotions under control
- deal with a problem rather than avoiding it or creating conflict
- believe “everyone has a right to a point of view or opinion”.

Assertive people usually:

- sound calm
- have a firm steady voice
- use language which shows they are listening to the other person

- ask questions to find out the other person's needs
- avoid words that are imperatives, incite conflict or are apologetic
- use frequent but friendly eye contact
- have a relaxed but upright posture
- use open palm gestures

Use facial expressions to reinforce words

AGGRESSIVENESS

Being aggressive or dominant is a behavior used by some to achieve personal goals regardless of how this might affect others. Encounters with other people are regarded as contests in which you must win or come out “on top”. Aggressive people will:

- speak their mind openly even if it means giving offence
- ignore the right of others to speak their mind
- attempt to ridicule or belittle others and their ideas
- insist that they are right
- be patronising
- believe “attack is the best form of defence”.

You can recognise aggressive behaviour in individuals because they

- make use of the word “I”
- sound loud and strident
- use rapid speech so that others have difficulty interrupting or use deliberate slow sarcasm
- use imperative words such as “you must”, “it is essential” or derogatory statements such as “that is ridiculous”

- use very direct eye contact (staring)
- have a very firm set to their jaw
- gesticulate a lot when talking, particularly a jabbing or pointing finger or thump the table to reinforce their words
- Lean over people when talking and generally encroach on the other person's personal space.

It is easy for an aggressive person to dominate the submissive and make the latter give way. "Success" often leaves the aggressive person with a feeling of self-satisfaction.

Developing assertiveness

Self-analysis

To be assertive you should be honest about your own problems. Consider the characteristics of the behavior styles discussed and decide which is most typical of your general behavior. This should help you to know whether you need to assert your own rights more actively or whether you need to tone down your own needs and be more accommodating to others.

Think hard about particular situations or people who create assertiveness problems for you. Some typical situations which present difficulties for submissive people at work are:

- meeting new people for the first time, e.g. visitors
- making a complaint to a manager
- being able to say "no" when you think you should
- asking others for help
- dealing with persistent people who attempt to wear you down, e.g. salespeople.

DEVELOPING AN ASSERTIVE ATTITUDE

If you recognise the need to be more assertive you should consider the information detailed below.

MAKE A COMMITMENT: In order to be assertive, you must first of all WANT to be assertive. This means making a commitment to yourself about changing your attitude and your behaviour. It is the same as the commitment you make when dieting or giving up smoking.

BELIEVE IN YOUR RIGHTS: You must accept some fundamental beliefs. The first is your right to speak out for what you want and how you feel. The second is that you will accept that other people have the same right.

Basic assertion techniques:

- Listen to what the other person has to say. Show you are listening by asking suitable questions to elicit information and by displaying appropriate body language.
- Demonstrate that you understand their position. Use phrases such as, “I can see that...”, “I appreciate...”, “I can see why you think...” (“I understand your position”).)

This is more positive than attacking their point of view or vehemently defending your own.

- State your own ideas/feelings calmly and with control. Explain what you would like to happen. Present your ideas as logical suggestions rather than as brash statements. For example, “I think.... would you agree?” “I would like to... How do you feel about this suggestion?” “I could... would that help?”

If you find yourself in a difficult situation, e.g. refusing to stay late at work, you might try

Remember to avoid words which will incite and try to avoid using “but” - it is a short, sharp signal that a counter argument is to follow!

STANDING UP FOR YOUR RIGHTS

Aggressive people use sarcasm and attack other people’s attitudes and ideas. All individuals have a right to their own ideas and opinions (even if they prove to be wrong!) and a right to express them. If someone infringes your rights, don’t accept it; tell them how it makes you feel. Do so politely and calmly. Never retaliate in kind.

“I don’t think your sarcasm will help us to resolve this problem. It makes me feel annoyed and uncooperative. Could we try working together rather than against one another? I think it may resolve the situation if we do”.

Being Assertive Means

- Being honest with yourself & others
- Being able to say what you want, need or feel BUT NOT at the expense of others
- Being able to negotiate and reach a workable compromise
- Having respect for yourself & others
- Saying the RIGHT THING In the RIGHT WAY At the RIGHT TIME.
- FEELING GOOD about the outcome.
- Getting your own way at the expense of others.
- Giving no consideration to others at all.
- Winning at all costs.

In order to be more Assertive:

- * Confront the issue
- * Ask for clarification

- * Use “In my opinion....”
- * State if you don’t know the answer
- * Display empathy
- * Stop stating, start asking
- * Say ‘No
- * Say “Thank You” when praised. Instead of criticising ask for ideas
- * Be honest and open
- Point out any discrepancies

ASSERTIVE BEHAVIOUR:

Standing up for your rights without violating those of other people

ASSERTIVE	AGGRESSIVE	SUBMISSIVE
Stand up for your rights without violating their rights	Stand up for your rights but violate their rights	Fail to stand up for your rights
State your views whilst showing that you understand their views	Demand acceptance of your views. Show that you are not interested in theirs	Fail to express your views or do so in an apologetic or self-effacing way
Don’t blame; seek the right solution	Blame others	Blame yourself
Enhances you without diminishing them	Enhances you, diminishes them	Diminishes you, enhances them
You win, they don’t lose	You win, they lose	You lose, they win
Talk calmly	Use threats	Be humble and apologetic
Make brief statements	Use ‘I’ excessively	Make rambling statements
Ask open questions to find out what they want	Ignore or belittle what they want e.g. ‘That’s rubbish!’	Just accept what they want
Separate fact and opinion e.g. ‘I agree that we must do it, but your approach isn’t the only way’	State own opinions as facts e.g. ‘That way is no good’	Opinions, if expressed are easy to ignore e.g. ‘It will be awkward for me, but that doesn’t really matter’

Avoid phrases like ‘You should’, ‘You ought’, ‘You must’, ‘You’ve got to’	Excessive use of phrases like ‘You should’, ‘You ought’, ‘You must’, ‘You’ve got to’	Don’t use that sort of phrase at all
Seek acceptable solutions e.g. ‘Let’s have a look at how we can resolve this’	Seek to blame others e.g. ‘It’s all your fault’	Seek to accept blame e.g. ‘I don’t seem to be much use at this’
Voice:- steady, sincere, calm	Voice:- harsh, loud, sometimes sarcastic	Voice:- quiet, sometimes dull, sometimes whining or singsong, maybe wobbly
Speech:- fluent, emphasis key words	Speech:- fluent, abrupt, emphasis blame	Speech:- hesitant, perhaps clears throat
Facial expression:- open, steady	Facial expression:- firm jaw, chin out, maybe scowling	Facial expression:- maybe false smile, perhaps eyebrows raised
Eye contact:- steady	Eye contact:- stares	Eye contact:- evasive
Other body language:- head up, hands open	Other body language:- fist thumps, finger points, perhaps strides around	Other body language:- nervous, defensive

v. Techniques that promote assertive behavior

1. Standing up for one’s basic human right
2. Assuming responsibility for one’s own statement
3. Responding as a “broken record”
4. Agreeing assertively
5. Shifting from content to process
6. Clouding/fogging
7. Defusing
8. Delaying assertively
9. Responding assertively with irony

3. Studies related to effectiveness of Assertiveness Training program on Self-Esteem Among early Adolescent girls

Jayne E. Stake, (2015) A study to assess the Effects of Assertive Training on the Performance Self-Esteem of Adolescent Girls . Assertiveness training was provided for 148 girls in 10 high school business and homemaking classes in six senior high schools. Training sessions were co-led by an experienced leader and the students' own high school teacher. Significant changes in performance self-esteem scores were found between pretesting and a three-month follow-up ($p < 0.001$) for the 103 subjects available at follow-up; low self-esteem subjects showed greater increases than high self-esteem subjects ($p < 0.001$). Changes in self-esteem were related to the girls' perceptions of teacher reactions to their assertive behavior ($p < 0.01$).

Bola O. Makinde & Akin Jonathan Akinteye (2014) The study investigated the effects of Mentoring and Assertiveness Training on Adolescents' self-esteem in Lagos State secondary schools. A total of 96 adolescents (48males and 48 females) drawn from three public schools randomly selected from three Education Districts in Lagos State constituted the final sample. The dependent variables for this study were self-worth and gender. Descriptive survey and quasi-experimental design using the pre-test post-test control group design were adopted for the study. Two instruments used to generate data for the study were: Adolescents' Personal Data Questionnaire (APDQ) and Rosenberg Self-Esteem Scale (RSE). Two research questions were raised and two corresponding hypotheses were formulated to guide the study. The two hypotheses were tested using the one-way Analysis of Covariance (ANCOVA) at 0.05 levels of significance. Hypotheses 1 was rejected while hypothesis 2 was accepted. The findings revealed that mentoring and assertiveness training were efficacious in raising

adolescents' self-esteem. The study also found that the significant effect of mentoring and assertiveness training on adolescents' self-esteem was not due to religion and educational status of the parents..

Sahar Mahmoud and Rania Abd Hamid (2013) This study was Quasi Experimental study aiming to determine the effect of an assertiveness training program on assertiveness and self-esteem and academic performance on student girls at Abha. The study was conducted in 3 secondary school affiliated to Abha city (first, second and third secondary school). The study sample consisted of 145 student girls. Data were collected by using. The Rosenberg Self-Esteem Scale (RSES), Assertiveness inventory and Achievement score. The result of this study revealed that there was a significant improvement in mean score of assertiveness, self esteem and achievement after training program. the study recommended that Further researches is need to investigate the sociocultural circumstances that may hinder or enhance the individual to be assertive.

Triancole et. al., (2012) A study was conducted in Chhattisgarh, India in a CBSE English medium school with 160 students to check the effectiveness of assertiveness training programme on self-esteem and academic achievement in adolescents. The study adopted pre-test – post-test control group design. Experimental group was given assertiveness training but control group was not given any training. After intervention, subjects were tested on the same measures again. It was concluded that assertiveness training programme was effective by 30.25% on self-esteem but no potential effects are found on academic achievement of adolescents.

Linda C. Mechling and Catherine O. Swindle, et.al., (2012) A study was conducted in Islamic Azad University, Iran on 2012 determining of efficacy assertiveness training on increasing self-esteem and general self efficacy girls' students. Study method was two experiment groups and control group with pretest and

posttest.40 people were selected that they have lower scores on self-esteem and self-efficacy and were conducted in two groups of 20 people in training programs, assertiveness training in 90 minutes to 8 sessions of group practices. According final findings of research effect of training in combined variable self-efficiency $n=0/36$ partial Wilks lambda=0/724, $p \leq 0/001$, $F(4, 78)$ have significant effect. Means that assertiveness training was effective in increasing self-efficacy and self-esteem.

C Agbakwuru (2012) A quasi experimental study was conducted to develop an applicable training program for high school girls on sexual assertiveness. The participants were 174 high school girls. Two questionnaires were used, one consisted of 23 questions on self efficacy and the other, of 22 items on sexual assertiveness. The SPSS 10.0 program was used for data analysis. 3 hour and 6 hour program were received on sexual assertiveness by group1 and 2 respectively. The result was found that there was no significant increase in self efficacy scores in experimental group 1 over the control group, but there was a significant increase in sexual assertiveness scores in the experimental group 1 over the control group.. The researcher concluded that a 3 hour program was as effective as a 6 hour program for sexual assertiveness.

Penny Haney & Joseph A. Durlak (2011) A study was conducted on the Effectiveness of an Assertiveness Training Programme on Adolescents' Assertiveness Level. The data was collected through "Rathus Assertiveness Schedule". For the experimental group assertiveness enhancing programme as an independent variable was carried out by the school counsellor, during 50-70 minutes lasting 12 weeks. During this period the control group did not receive any treatment. The ANCOVA analysis results have shown that assertiveness training program was effective on adolescents' assertiveness level and there was an association between their age and the self esteem level.

Andreoletti et. al., (2011) A study was formulated to evaluate an assertiveness training program on nursing and medical students' Nursing Department, Tri-Service General Hospital, Taiwan on assertiveness, self-esteem, and interpersonal communication satisfaction. Using a longitudinal research design, 69 participants whose scores on the Assertive Scale were $\leq 50\%$ (i.e., low assertiveness) and who were willing to participate were included and assigned to an experimental group (33 subjects) or comparison group (36 participants; participants were matched with the experimental group by grade and sex). Participants in the experimental group received eight 2-h sessions of assertiveness training once a week. The assertiveness and self-esteem of the experimental group were significantly improved in nursing and medical students after assertiveness training, although interpersonal communication satisfaction of the experimental group was not significantly improved after the training program.

Routaslo et. al., (2010) A quasi experimental study was conducted on elderly psychiatric hospital outpatient department in geriatric homes in America to find out the effectiveness of assertion training. 19 clients participated in the study with the age between 50-75 years. The training was given for 14 weeks in semi sessions. . Pre-intervention scores of the groups were not significant. However, post-test assessment indicated a significant difference between group difference in self-reported assertiveness. Dependent t-tests indicated that the experimental group became more assertive but the control group did not.

Derek. A Chapman et al (2010) The purpose of this quasi experimental study is to investigate the effectiveness of an assertiveness training programme on adolescents' assertiveness level. To select subjects for experimental and control groups, it was considered some criteria such as "Rathus Assertiveness Schedule (RAS)" scores, voluntariness, teachers' opinion, and permission of students' parents. The data was

collected through “Rathus Assertiveness Schedule”. For the experimental group assertiveness enhancing programme as an independent variable was carried out by the school counsellor, during 50-70 minutes lasting 12 weeks. During this period the control group did not receive any treatment. The ANCOVA analysis results have shown that assertiveness training program was effective on adolescents’ assertiveness level.

White et.al.,(2009)A study was conducted in Chhattisgarh, India in a CBSE English medium school with 160 students to check the effectiveness of assertiveness training programme on self-esteem and academic achievement in adolescents. The study adopted pre-test – post-test control group design. Experimental group was given assertiveness training but control group was not given any training. After intervention, subjects were tested on the same measures again. It was concluded that assertiveness training programme was effective by 30.25% on self-esteem but no potential effects are found on academic achievement of adolescents.

Mullis, Ann K; Mullis, Ronald L; Normandin, Dolores. (2009) A study was conducted to assess the effect of assertiveness training on communication related factors and personnel turnover rate among hospital nurses. A non-equivalent control group pre-test post-test design was used in this study. Nurses were assigned into the experimental or control groups, each consisting of 39 nurses. The assertiveness training was effective in improving the nurses' assertiveness behaviours, but was not effective in improving interpersonal relations, reducing the subjects' communication conflicts, changing the conflict management style or reducing their personnel turnover rate.

Roehl, et al (2008) An evaluative study was conducted to assess the effectiveness of an Assertiveness Training program among disabled adolescents on assertiveness, self-esteem, and interpersonal communication satisfaction. Using a longitudinal research design, 69 participants were included and 33 were assigned to an

experimental group who received eight 2-h sessions of assertiveness training once a week. Data were collected before and after training and again one month after the end of the training. The assertiveness and self-esteem of the experimental group were significantly improved in disabled adolescents after assertiveness training, although interpersonal communication satisfaction of the experimental group was not significantly improved after the training program.

4. Studies related to self esteem

Browning, et. al., (2013) A study conducted in the age group of 10-15yrs regarding, how to raise girls with healthy self esteem. In that study result showing that eating disorder, low self esteem and depression are the major mental health problems seeing in girls in this age group. 59% of the five to twelfth grade girls were dissatisfied with their body appearance. Twenty to forty percentages of girls begins dieting at age 10. By the age 15, girls are twice as likely to become depressed as boys. Among five to twelfth graders, 47% wants to lose their weight because of magazine pictures. Health risks accompany girls drop in self esteem due to risky eating habits, depression and unwanted pregnancy.

Robert, et,al.,(2012) A study on self-esteem on 112 adolescent girls was conducted in Kangra District of Himachal Pradesh. A total sample of 112 school going girls in the age range of 14 to 19 years were selected from five villages of Kangra district. Self esteem was measured through self esteem scale and the means and percentages were calculated. The scores of the adolescent girls were mostly in the range of 81 to 106, which means they were in an average category, although about 33% of them had low self-esteem. A positive correlation was found 1.34 between self-esteem and family type and 0.231 between education of girls and self esteem.

Jennifer A. O'Dea Published by: Eating Disorders, (2011) Early suggestions from the 1980s for a self-esteem approach in the prevention of eating problems have been adopted by researchers, and the results of several interventions show support for the efficacy, safety, and suitability of a predominantly self-esteem and self-acceptance approach. Several recent studies utilizing strong self-esteem components as part of their controlled prevention interventions have produced improvements in body dissatisfaction, dietary restraint, internalization of the thin ideal, and attitudes associated with the eating disorders. This article discusses self-esteem as one of the important risk and protective factors in the development of body image concerns and eating disorders and describes the subsequent use of a self-esteem approach for prevention of eating disorders. Interventions containing strong self-esteem components from around the world are discussed in relation to their impact on the body image and eating behaviors of adolescents. Applications of the self-esteem approach for the prevention of child obesity also are discussed.

Ruth Yasemin Erol and Ulrich Orth University of Basel (2011) examined the development of self-esteem in adolescence and young adulthood. Data came from the Young Adults section of the National Longitudinal Survey of Youth, which includes 8 assessments across a 14-year period of a national probability sample of 7,100 individual's age 14 to 30 years. Latent growth curve analyses indicated that self-esteem increases during adolescence and continues to increase more slowly in young adulthood. Women and men did not differ in their self-esteem trajectories. In adolescence, Hispanics had lower self-esteem than Blacks and Whites, but the self-esteem of Hispanics subsequently increased more strongly, so that at age 30 Blacks and Hispanics had higher self-esteem than Whites. At each age, emotionally stable, extraverted, and conscientious individuals experienced higher self-esteem than

emotionally unstable, introverted, and less conscientious individuals. Moreover, at each age, high sense of mastery, low risk taking, and better health predicted higher self-esteem. Finally, the results suggest that normative increase in sense of mastery accounts for a large proportion of the normative increase in self-esteem.

Auden C. McClure. et.al., (2011) Population-based co relational study. A sample of 6522 adolescents, aged 12-16 years, was surveyed by phone as part of a national study of media and substance use. Self-esteem was measured with three questions that assessed global self worth and physical appearance. Multivariate logistic regression was used to examine the relation between self-esteem and socio-demographics, child personality characteristics, weight status, daily TV time, parenting style, school performance and team sports participation. Interactions among gender, race, and weight status were examined. In multivariate analysis, female gender, Hispanic race, overweight and obesity, sensation seeking, rebelliousness, and daily TV time were each independently associated with lower self-esteem. Teens of Black race, with higher parental responsiveness and demandingness, better school performance or involvement in team sports were less likely to report low self-esteem. Black females were at lower risk and Hispanic males were at higher risk for low esteem than peers of similar gender of other races.

Laura D. Wray, and Eric R. Stone (2010) previous research has documented a tendency for people to make more risk seeking decisions for others than for themselves in relationship scenarios. Two experiments investigated whether this self-other difference is moderated by participants' self-esteem and anxiety levels. In Experiment 1, lower self esteem and higher anxiety levels were associated with more risk-averse choices for personal decisions but not for decisions for others. Therefore, participants with lower self-esteem/higher anxiety showed greater self-other

investigated whether this self-other difference is moderated by participants' self-esteem and anxiety levels. In Experiment 1, lower self-esteem and higher anxiety levels were associated with more risk-averse choices for personal decisions but not for decisions for others. Therefore, participants with lower self-esteem/higher anxiety showed greater self-other differences in comparison to participants with higher self-esteem/lower anxiety levels. Experiment 2 demonstrated that this effect was largely mediated by participants' expectations of success and feelings about potential negative outcomes. These results are discussed in the context of threats to the self, with a central role played by anxiety and self-esteem threats in personal decision making but not in decision making for others.

Zorana Ivcevic, David B. Pillemer, Marc A. Brackett (2010) 45 Early adolescents recounted experiences when they felt especially good or especially bad about themselves in the past year. Consistent with prior research using adult participants, negative memories focused primarily on social themes, whereas positive memories also prominently included achievement themes. Girls described more social themes than did boys for both positive and negative memories. The content of self-esteem memories was related to teachers' formal assessments of adolescents' social and academic functioning: The presence of achievement themes in positive and negative memories was associated with more positive teacher ratings.

Jerry, Juliet (2010) a longitudinal study conducted on Adolescents transition from virgin to non virgin status in suburban and rural children. A total of 884 middle school children were selected. At time 152 students reported already having sexual behavior. Result showed that peer pressure, age, family structures were negatively affected in early sexual initiation in girls. The study also suggested researchers are

encouraged to use area specific rather than global measures for promotion of self esteem.

John R. Buri (2009) Adolescents' levels of self-esteem as a function of their own versus their parents' appraisals of parental nurturance and parental authority were investigated. Results revealed that (a) both mothers' and fathers' 'nurturance (as perceived by the adolescents) were positively related to self-esteem, (b) based upon the adolescents' appraisals, parental authoritativeness was directly related to self-esteem whereas parental authoritarianism was inversely related to self-esteem, (c) adolescents' assessments of parental nurturance and authority were more strongly related to self-esteem than were the parents' assessments of these variables, and (d) regression analyses suggested that parental authority may be an important source of parental nurturance information for adolescents.

Lawrence, chan (2009) a study conducted on Girl's low self esteem and how is it related to later socioeconomic achievements. The researcher examined the relation between gender, adolescent self esteem, and three outcomes: Educational status, occupational status, and income attainment. Researcher a positive association between gender, self esteem, and socio economic status and self esteem in adolescence is not related to women's socioeconomic achievements, but it continues to have a positive estimated effect on men's occupational status and income attainment. The researcher suggests that adolescent girls and boys would be better served by social programs for gender equality and promotion of self esteem.

Mark et.al.,(2008)A cross sectional study conducted on life satisfaction decreases during adolescence. A total of 1,274 germen adolescents, both male and female participated. Effect of gender and age were analyzed using ANOVA's. Result showed that girls have significantly general and health related life satisfaction

compared to boys ($p < .001$). In both genders nearly all life domains, there was a significant decrease general and health related satisfaction ($p < .001$). Study concluded with associations with the increasing prevalence and suicidal ideation during adolescence should be considered. Life satisfaction should be considered as a relevant aspect of their well being.

5. Studies related to assertiveness

BO Makinde (2014) A study was conducted to investigate the relationship between cognitive process and non-assertiveness among 35 nonassertive individuals & 35 normally assertive individuals. Assertive individuals showed greater score (73.25%) in self-perception, standard setting, and expectations of consequence, coping self-instruction, attribution process, and self-reinforcement.

Spreitzer & binny (2013) A study was conducted to investigate the factors affecting assertiveness among student nurses. The study was carried out at Faculty of Nursing, Port-Said University, on 207 student nurses from four different grades. Rathus Assertiveness Schedule, consisted of 30 items, was used to measure the students' assertiveness level and a 12-item scale developed by Spreitzer was used to measure students' psychological empowerment. The study results showed that 60.4% of the students were assertive, while about half of the students were empowered.

Charles & biswaz (2012) A study was conducted among 215 undergraduate business students to assess their assertive and aggressive consumer behavior and protective and acquisitive self-presentation style using questionnaire. Results shows that the people with an acquisitive self-presentation style are more assertive (68%) than others in requesting information, seeking redress, and resisting rate requests. Those

with a protective self-presentation style were less assertive with respect to these same consumers.

Spring & monn et.al.,(2012)A study was conducted to investigate the influence of race on rating of assertiveness, using 16 black& 16 white undergraduates evenly divided by sex. Results indicated that Black raters found Black undergraduates assertive response were 40% more aggressive than white raters and that Black female responses were rated as more assertive, aggressive, and appropriate.

Andreoletti et. al., (2012) A study was conducted to assess the level of assertiveness among professional nurses at College of Nursing and Health Sciences, Winona State University, Minnesota. The sample was composed of 500 registered nurses (64% response rate), chosen randomly from the list of active licensees registered with the Minnesota (USA) State Board of Nursing, who completed and returned an assertiveness questionnaire. The questionnaire consisted of the Rathus Assertiveness Schedule (RAS) and a personal/professional data form. The oldest group of nurses (60-76 years) was significantly less assertive(73.5%) than any of the younger groups of nurses. Nurses practicing with a diploma as the highest level of education were significantly less assertive than nurses having a baccalaureate or above. There was a significant difference in assertiveness between groups of nurses practicing in different clinical specialties.

Franklindilo et. al.,(2011) A study was conducted in an urban community in Algeria to measure 60 preschool children's aggressive, assertive, and submissive behaviors in play interaction with their mothers. Results indicate that boys were 75% more assertive but not more aggressive or submissive.

Roofers & cereletti (2011) A study was conducted to evaluate a self-report measure of aggressiveness, assertiveness, and submissiveness, using behavior

observations in naturalistic settings. 45 third-to fifth-grade children were observed over an 8-month period in a wide variety of school activities. The study concluded that boys have higher assertive level (78.28%) than girls.

Christopher L. Reynolds (2010) A study was conducted to investigate levels of appearance-related concern in a normative population of adolescents. Action research methodology was used to help adolescents develop a questionnaire that elicited peer views on appearance (Part 1) and to further develop the Changing Faces psychosocial strategies for dealing with appearance-related bullying (Part 2). Part 3 of the project was an intervention that included information on the importance of appearance in human interactions. Result was found that of 11-13 year olds questioned, 75% cited teasing or bullying about their appearance as causing considerable distress. At 6 months post-intervention, perceived levels of bullying had decreased by almost two-thirds, and there were significant improvements in global self-esteem, confidence to tackle teasing and bullying, and confidence with disfigurement issues. A non-intervention comparison group showed no such improvements.

Sterlitti, steins (2008) A study was conducted to assess the self esteem and assertiveness on 372 final year Turkish university students. The research population was a total of 372 students who were in their final year of university in different programs. Total response rate was 77.9%. The data were collected using a "Personal Information Form," Stanley Coppersmith Self Esteem Inventory (SEI) and Rathus Assertiveness Schedule (RAS). The results of the study were that the nursing students had the highest scores from SEI (80.64+/-15.83). Similarly the nursing students had the highest scores on the RAS (36.29+/-25.33).

Metz, Fuemmeler, Brown, (2006). Assertiveness training which emphasizes self-expression in socially acceptable ways, is particularly appropriate at the beginning

of adolescence (Wise, Bundy, Bundy, Wise, 1991). Assertiveness training was found to be effective in improving the social coping skills of general populations of adolescents (Rotheram ve Armstrong, 1980; Howing, Wodarski, Kurtz, & Gaudin, 1990) and unassertive adolescents (McNeilly & Yorke, 1990), modifying adolescents' aggressive behavior (Huey, 1988), and preventing adolescents from using alcohol, tobacco, and other drugs. Eskin (2003) characterized assertiveness as “an important social skill that promotes personal well-being”. Korsgaard, Roberson, and Rymph (1998) reported that the acquisition of assertion skills enhances personal relationships and interactions between people. Assertiveness training can improve individuals' social skills and emotional health .

Chih-Chung Wang, Mao-Hsiung Huang(2004) A study was conducted to assess components of assertiveness and depressive symptoms of 183 Chinese undergraduates in their response to the Rathus Assertiveness Schedule and the beck depression inventory. Three dimensions of assertiveness were considered; expressing, confronting, and demanding responses. These components were found to relate differentially to the beliefs in specific assertive rights. Nonassertive response especially in expressing and disclosing oneself correlated with depressed mood.

Sert, Adile Gülşah (2003) A cross sectional study was conducted to determine the level of assertiveness, self confidence and anxiety in academic performance among adolescents students. Populations of 173 students were taken. Results shows that about 59.5 percent of students had moderate assertiveness and 34 percent had self-confidence. Also, 36.4 percent of them had high levels of anxiety. Considering the relation of assertiveness and anxiety, low confidence and its effects on mental health and educational and occupational performance, students should be informed of the required

skills for positive interaction with others and to increase assertiveness, self confidence and decrease anxiety.

Derek. A Chapman et al (2000) A quasi experimental study was designed to assess the effects of assertive communication in interpersonal relations and social behaviors. The sample included 44 students from college of nursing Korea University, Seoul, Korea. 20 in the experimental group, and 24 in the control group. Data was collected using structured questionnaires over a 3 month period. There were greater significant increases in scores of interpersonal relations and content of communication in the experimental group than the control group. Also there was a significant decrease in the score of interpersonal conflicts in the experimental group than the control group. Thus the study concluded that assertive communication has an effect on increasing content of communication and decreasing interpersonal conflicts.

STUDIES RELATED TO ASSESS THE LEVEL OF ASSERTIVENESS

Cananzet et. al.,(2012) A study was conducted to assess the relationship between assertiveness and group participation among 88 PG women students in department of psychology, BarIIan University, whose age ranged from 21-23 years. Assertiveness was measured using Rathus Assertiveness scale. The findings of the study revealed that 92% highly assertive women are more participated in group activity and 10% of less assertive women are interested in group participation.

Asha Embrandiri.et.al, (2012)A study was conducted which investigated the possible role of depression, self-esteem and assertiveness on adolescent suicidal behaviour in youth in the south western part of Turkey. Participants in the study were 805 (367 girls) first-year high school students between the ages of 13-18 years. Some 23% of participants reported having thought of killing themselves during the past 12 months or their lifetime. The percentage of students who said that they had attempted

to kill themselves was 2.5. Suicidal ideation during one's lifetime or during the past 12 months was more frequent among girls than among boys but suicidal attempts were equally common in girls and boys. Girls scored significantly higher on depression and the Suicide Probability Scale (SPS) but also on assertiveness and perceived social support from friends than boys. Boys tended to score higher on self-esteem than girls.

Annmary et. al.,(2011) A descriptive study was conducted to assess the level of assertiveness among students of secondary school of Kerala state, India with 590 samples. The sample was drawn by stratified sampling method giving due representation to factors like gender, locale and type of management of the school. The students, who have problems regarding communication and self-expression, cannot not assert for their rights than other students by 55%.

Yee-Pay Wuang et. al.(2009) A study was conducted to examine the relationship between four components of assertiveness ("open expression", "control of emotion", "consideration for others" and "self-direction") and mental health. In Study 1, the analysis of interviews with thirteen high school students suggested that some components did not have a positive relationship with mental health. In Study 2, 176 high school students showed that an excessively high score for "consideration for others" was associated with mental unhealthiness. This component probably has an optimum level to maintain mental health.

Predit(2008) A cross sectional study was conducted to determine the level of assertiveness, self confidence and anxiety in academic performance among adolescents students. Populations of 173 students were taken. Results shows that about 59.5 percent of students had moderate assertiveness and 34 percent had self-confidence. Also, 36.4 percent of them had high levels of anxiety. Considering the relation of assertiveness and anxiety, low confidence and its effects on mental health and educational and

occupational performance, students should be informed of the required skills for positive interaction with others and to increase assertiveness, self confidence and decrease anxiety.

Meredyth Goldberg Edelson (2006), A descriptive study was conducted to analyze the concept of assertive communication in Pusan National University. The study was conducted on 100 students from Pusan National University in Korea. The findings of the study were about the definition of assertiveness such as self esteem, comprehension to others, and clarification of the subject, verbal communication, and non verbal communication. The study concluded that assertiveness is a core human behaviour and is key to interpersonal relationships. Using the concept of assertiveness many conflicts in any situation can be effectively prevented.

Densem JF (2002) A study was conducted to explain varying levels of assertiveness in interpersonal conflict and negotiations with assertiveness expectancies, idiosyncratic predictions people make about the social and instrumental consequences of assertive behaviour. Results clarify the form of assertiveness expectancies, namely that most people assume increasing assertiveness can yield positive social and instrumental benefits up to a point, beyond which benefits decline. These individual differences in expectancies are linked in 4 studies to assertiveness, including self-reported assertiveness, rated behavioural preferences in assorted interpersonal conflict scenarios, partner ratings of participants' behaviour in a face-to-face dyadic negotiation, and work colleague ratings of participants' assertiveness in the workplace.

CONCEPTUAL FRAME WORK

Conceptual framework deals with abstractions (concepts) that are assembled by virtue of their relevance to a common theme. A conceptual framework broadly presents an understanding of the phenomenon and interest and reflects the assumptions and philosophical views of the models designer.

A conceptual map includes all of the major concepts in a theory or framework. These concepts are linked by arrows expressing the proposed linkages between concepts. (Burns N 2002)

The framework of the study is adopted from the fish bone diagram (Cause – effect diagram 1992) and health belief model (Rosenstock 1998). The fish bone diagram has been developed by a group of individuals from the members of the quality assurance forum.

Health belief model was proposed by Rosensta's (1974) and Becker and Mainmants (1975). It addresses the relationship between person's belief and behavior.

It consists of three components ie.,

- Individual perception
- Modifiable factors
- Likelihood of action

Individual perception

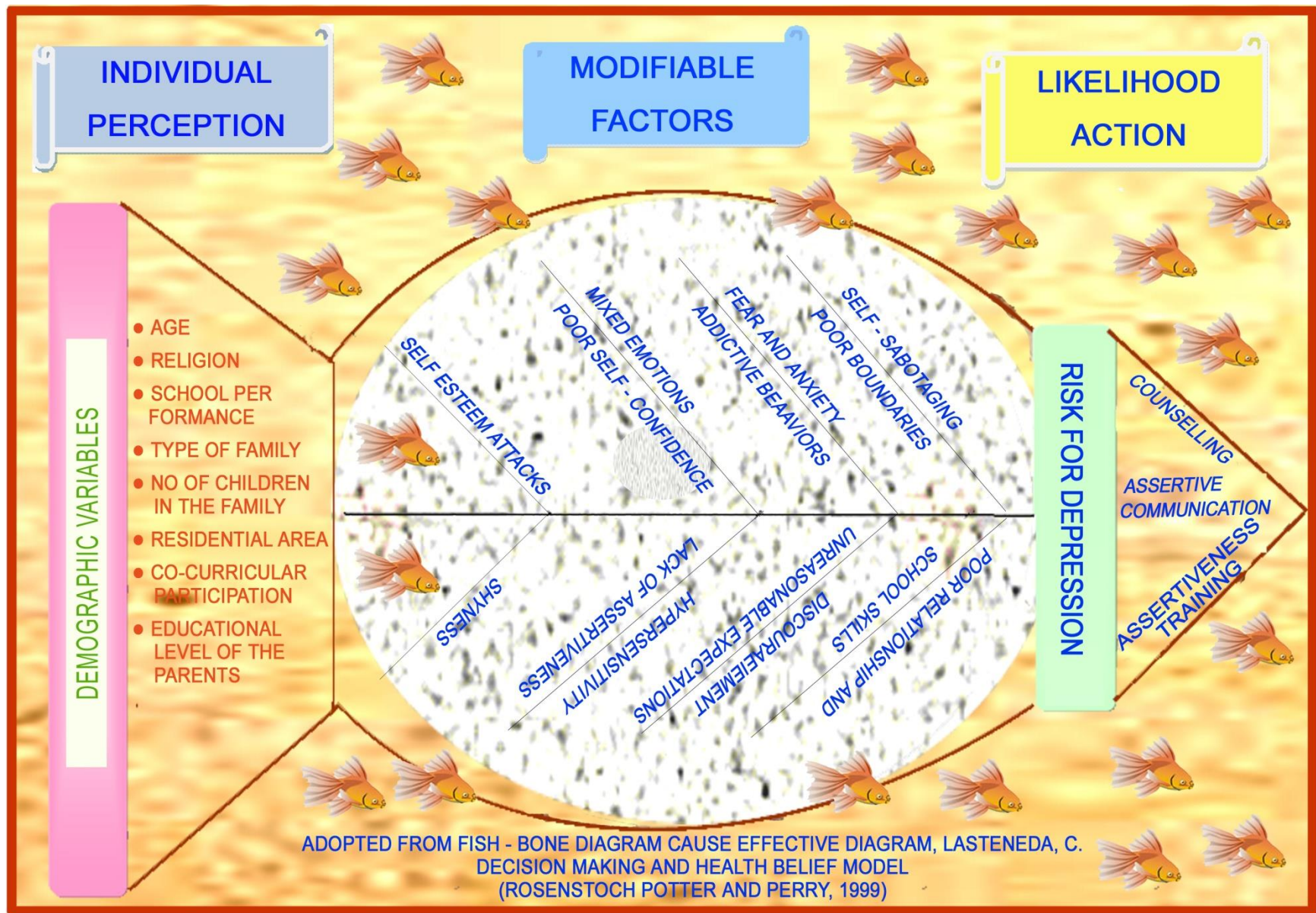
Individual perception is “susceptibility to an illness “ of the individual. They are the demographical variables which govern the thoughts, feelings and value of the married women.

Modifiable factors

They are the circumstances which can be altered or predicted to prevent further complications of low self esteem.

The likelihood of action

It is the probable outcome of the analysis of the level of low self esteem.



CHAPTER III

RESEARCH METHODOLOGY

Research methodology provides a brief description of the method adopted by the investigator in this study. The chapter includes research approach, research design, the setting of study, sample and sampling technique. It further deals with the development of tool procedure for data collection, plan for data analysis and pilot study

Research Approach

The investigator has adopted **an evaluative approach** because the aim of the investigator is to determine the effectiveness of assertiveness training on increasing self esteem among adolescent girls.

Research Design

Quasi Experimental design, with pretest and posttest control group design was chosen for the study to evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls at selected schools in Dindigul district.

The design can be represented as:

Pretest	Manipulation	Posttest
E- O1	X	O2
C- O1	-	O2

Key:

E-Experimental group

C-Control group

O1- Pre test

X – Assertiveness training

O2-Post test

Variables:

Independent variable – Assertiveness training

Dependent variable – low self esteem

Extraneous variables – age, religion, residential area, type of family, educational status of the parents, monthly income , total number of children in the family, school activities performances, participation in extracurricular activities

Setting of the study

The setting chosen for this study was government girls higher secondary school in oddanchatram, Dindigul district for experimental group. The total population of the students is 420 respectively. This school is eight kilometers away from the Sakthi College of Nursing.

Government girls' higher secondary school, vedasandhur in Dindigul district for control group. The total population of the student is 432 respectively. This school is twenty kilometers away from the Sakthi College of Nursing.

Population

The **target population** is the group of population that the researcher aims to and to whom the study findings will be generalized. In this study the target population comprises of all early adolescent girls

The **accessible population** in this study is early adolescent girls with severe low self esteem at selected school in Dindigul district.

Sample

Samples were Early Adolescent girls with the age group between 13-15 years from oddanchatram and vedasandhur girls higher secondary schools of Dindigul district.

Sample size

The sample size was 160 early adolescent girls between 13-15 years

Sampling technique

In this study, Non Probability Convenience sampling technique was used

Criteria for sample selection

The samples will be selected based on the following inclusion and exclusion criteria.

Inclusion criteria

- Adolescent girls who are willing to participate
- The study includes adolescent girls (age group between 13-15 years)
- Who are available on the day of data collection
- Adolescent girls who can speak and understand Tamil / English

Exclusion criteria

- Adolescent girls who are affected with major ill at the time of data collection.
- Adolescent girls who had undergone Assertiveness Training Programme (ATP) previously.
- Who are not willing to participate to this study
- Who are not available on the day of data collection
- Who are having the age group below 13 and above 15 years
- The girls who scored less than 19 marks in the pretest

Research Tool and Technique

Data collection instrument consisted of two sections.

Section - I

It consisted of demographic characteristics of the adolescent girls which includes age, religion, school performance, and type of family, family income per month, no of children in the family, residential area, co- curricular participation, and educational level of the parents.

Section - II

Standardized Sorensen self esteem scale was used to assess the self esteem among early adolescent girls. It consists of structured 50 questionnaires, which helps to find out the low self esteem which is often misunderstood and it is even misdiagnosed by many therapists as being a secondary concern.

Scoring procedure and Interpretation

Standardized Sorensen self esteem scale was used in the form of check list. Each item in the scale was given Yes/no responses. Total attained score was 50. Total score was calculated and was interpreted as follows.

00-04 statements – fairly good self esteem

05-10 statements – mild low self esteem

11-18 statements – moderate low self esteem

19-50 statements – severe low self esteem

Testing of the tool

Reliability

The reliability of the tool was established by test – retest method. The tool was administered to five subjects and the same tool was then re administered to the same subjects after seven days. Both the test and retest scores were analyzed. According to

Karl Pearson co-efficient of correlation ' r ' = 0.8 which signifies that the tool is reliable.

Content validity

To evaluate the content validity the questionnaire was submitted to six experts in the field of nursing, psychiatry, social work, psychology, pediatrics and statistics who validated the tool regarding the adequacy of the content, the sequence and framing of questions. Approval was obtained from all the experts and based on the experts suggestions.

Pilot study

A pilot study is a small preliminary investigation of the same general character of main study. To assess the feasibility and practicability, a pilot study was conducted among ten early adolescent girls in a manner in which the final study would be done. The pilot study revealed that the study was feasible.

Data Gathering Process

The investigator obtained approval from the dissertation committee and from the departmental heads of psychiatry and nursing to conduct the study. The list of early adolescent girls who fulfilled the inclusion criteria were considered for the study. The adolescent girls were selected by convenient sampling technique. After establishing rapport with the study samples the data was collected. Time spent to assess the self esteem level of adolescent girls (pre- test) was 30-40 minutes. Assertiveness training will be taught and will be encouraged to practice the same. 60- 90 minutes will be spent on each session and totally there are 5 sessions. A period of 5 weeks will be allowed for the girls to practice assertiveness training before re assessing the self esteem

level.(post test). At the end of 6 weeks of practicing assertive communication and behavior the level of self esteem of the study subjects will be re assessed, and the difference in score of self esteem levels will be considered as the effectiveness of assertiveness training.

Data collection schedule

WEEKS	ACTIVITY	NO OF GIRLS
I st week - first day	Pre test in experimental group	143
I st week - second day	Pre test in control group	154
1 st week Session 1	Rapport formation and teaching on importance of assertive communication - Morning	40 +
	Rapport formation and teaching on importance of assertive communication - Evening	40
2 nd week Session 2	Ice breaking and Assertion skills- morning	40 +
	Ice breaking and Assertion skills- evening	40
3rd week Session 3	Group discussion and Role play - morning	40 +
	Group discussion and Role play - evening	40
4 th week Session 4	Practicing assertion skills(modeling)-morning	40 +
	Practicing assertion skills(modeling)-evening	40

5 th week Session - 5	General group discussion and evaluation- morning	40 +
	General group discussion and evaluation- evening	40
6 th week	Post test for both the groups and analysis	160

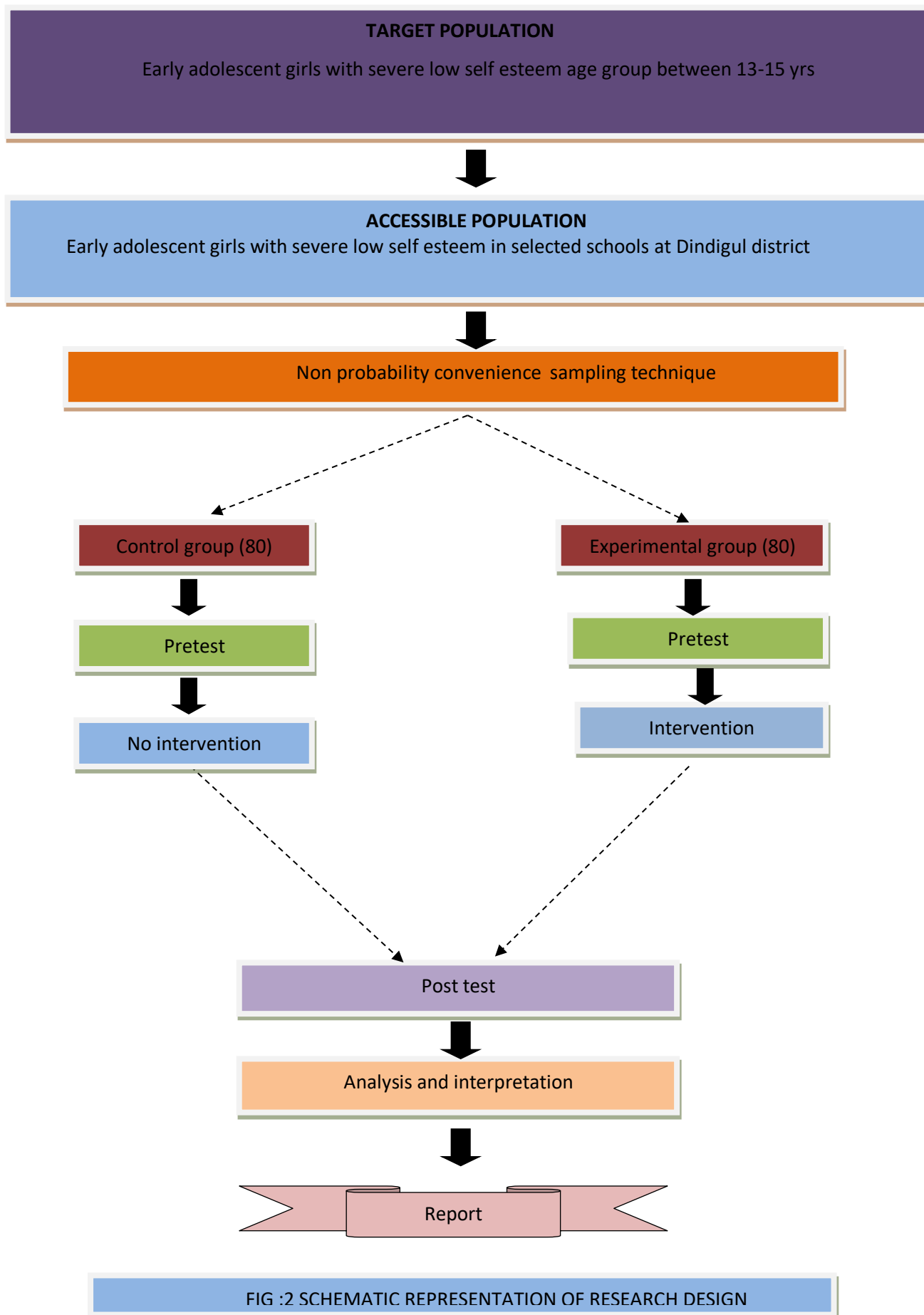
Data Analysis

The data were collected from 80 adolescent girls on effectiveness of assertiveness training on self esteem among early adolescent girls at selected school in Dindigul district . Data was analyzed using both descriptive and inferential statistical methods.

S.NO	DATA ANALYSIS	METHOD	REMARKS
1	Descriptive statistics	Frequency, percentage , mean and standard deviation	To assess the level of self esteem among early adolescent girls in experimental and control group.
2	Inferential statistics	Paired and unpaired “t” test	To evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls in experimental group.
3		Chi- square test	To associate the socio demographic variables with the pre test level of self esteem among early adolescent girls in experimental and control group.

Human rights protection

The pilot study and the main study were conducted after getting the approval from the ethical committee. Permission was obtained from authority of particular school in order to get the maximum co operation. The purpose of the study was explained to the study samples and an informed consent was obtained from them orally. Assurance was given to the study samples on the anonymity and confidentiality of the data collected.



CHAPTER - IV

ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collection, it includes both descriptive and inferential statistics. Statistics is a field of study concerned with techniques or methods of data, classification, summarizing, interpretation drawing inferences, testing of hypothesis, making recommendations etc. (Mahajan,2004)

The data was collected from 160 severe low self esteem adolescent girls between the age group of 13 and 15 years among them 80 students were in control group, 80 students in experimental group. This was done to determine the effectiveness of assertiveness training on self esteem. The data were analyzed according to the objectives and hypothesis of the study. Data analysis was computed after all the data was transferred to the master data coding sheet. The researcher used the descriptive and inferential statistics for data analysis.

The data was analyzed tabulated and interpreted using descriptive and inferential using statistics in the sequence as follows.

OBJECTIVES OF THE STUDY:

1. To assess the pretest and post test level of self esteem among adolescent girls in the control and experimental group.
2. To evaluate the effectiveness of assertiveness training on self esteem among adolescent girls in the experimental group.
3. To find out the association between the levels of self esteem among adolescent girls and their selected demographic variable.

1. Data on demographic variables among early adolescent girls in experimental and control group

TABLE 4.1.1: Frequency and percentage wise distribution to assess the effectiveness of assertiveness training on self esteem among early adolescent girls (age group between 13-15yrs) at selected schools in Dindigul district according to their Demographic data.

(N = 80+80)

Demographic data	Control group (n=80)		Experimental group (n=80)	
	f	%	f	%
1.Age(in years):				
13-14 years	8	10	11	14
14-15 years	72	90	69	86
2.Religion:				
Hindu	72	90	67	84
Muslim	6	7	9	11
Christian	2	3	4	5
3.School activities performance :				
Poor	8	10	2	3
Good	22	28	17	21
Very good	28	34	36	45
Excellent	22	28	25	31
4.Type of family :				
Nuclear	61	76	63	79
Joint	19	24	17	21
5.Monthly income:				
3000	50	62	37	47
3000-5000	19	24	29	36
5000-10000	10	13	13	16
10000 and above	1	1	1	1

6.The order of birth in your family:				
1	23	29	31	39
2	49	61	41	51
3	6	8	6	7
4 and above	2	3	2	3
7.Residential area:				
Rural	40	50	32	40
Urban	40	50	48	60
8.Participation in extracurricular activities:				
Yes	55	69	64	80
No	25	31	16	20
9.Educational Status of the parents:				
Illiterate	24	30	14	18
Elementary	10	13	10	12
Secondary	28	35	36	45
Higher secondary	18	23	20	25
Degree	-	0	-	-

Control Group:

The above table shows that among 80 samples, with regard to age 8(10%) Samples belonged to 13-14 years, 72(90%) belonged to 14-15 years.

Regarding religion, 72(90%) samples were Hindu, 6(7%) samples were Muslim and 2(3%) samples were Christian

Regarding to school activities performance, 8 (10%) of are poor in their performance and 22(28%) were good 28(34%) were very good 22 (28%) and students were excellent in their school performance.

According to the type of family, 61 (76%) belonged to nuclear family and 19(24%) belonged to joint family.

Majority of the student's parents are getting the monthly income as Rs. 3000 50(62%) and Rs. 3000- 5000 were 19(24%) and people who are getting Rs.5000- 10,000 were 10(13%) those who get above Rs.10,000 was 1 (1%)

The order of birth of the sample in the family is 1st child were 23 (29%) , 2nd children were 49 (61%), 3rd children were 6(8%) 4th and above children were 2 (3%)

About residential area, 40 (50%) girls belonged to urban area and 40 (50%) of samples belonged to rural area.

55(69%) are participating in extracurricular activities and 25(31%) of girls are not interested to participate in extracurricular activities.

Educational status of the parents includes 24 (30%) of them were illiterates , 10 (13%) of them have studied up to elementary education , 28(35%) of them have studied till secondary school, 18 (23%) of them have completed till higher secondary schooling and none of them have studied degree course.

Experimental group

The above table shows that among 80 samples, with regard to age 11(14%) samples belonged to 13-14 years, 69(86%) belonged to 14-15 years.

Regarding religion, 67(84%) samples were Hindu, 9(11%) samples were Muslim and 4(5%) samples were Christian

Regarding to school activities performance, 2 (3%) of are poor in their performance and 17(21%) were good 36(45%) were very good and 25(31%) students were excellent in their school performance.

According to the type of family, 63 (79%) belonged to nuclear family and 17(21%) belonged to joint family.

Majority of the student's parents are getting the monthly income as Rs. 3000 37(47%) and Rs. 3000- 5000 were 29(36%) and people who are getting Rs.5000- 10,000 were 13(16%) those who get above Rs.10,000 was 1 (1%)

The order of birth of the sample in the family is 1st child were 31 (39%) , 2nd children were 41 (51%), 3rd children were 6(7%) 4th and above children were 2 (3%)

About residential area, 48 (60%) girls belonged to urban area and 32 (40%) of samples belonged to rural area.

64(80%) are participating in extracurricular activities and 16(20%) of girls are not interested to participate in extracurricular activities.

Educational status of the parents includes 14 (18%) of them were illiterates , 10 (12%) of them have studied up to elementary education , 36(45%) of them have studied till secondary school, 20 (25%) of them have completed till higher secondary schooling and none of them have studied degree course.

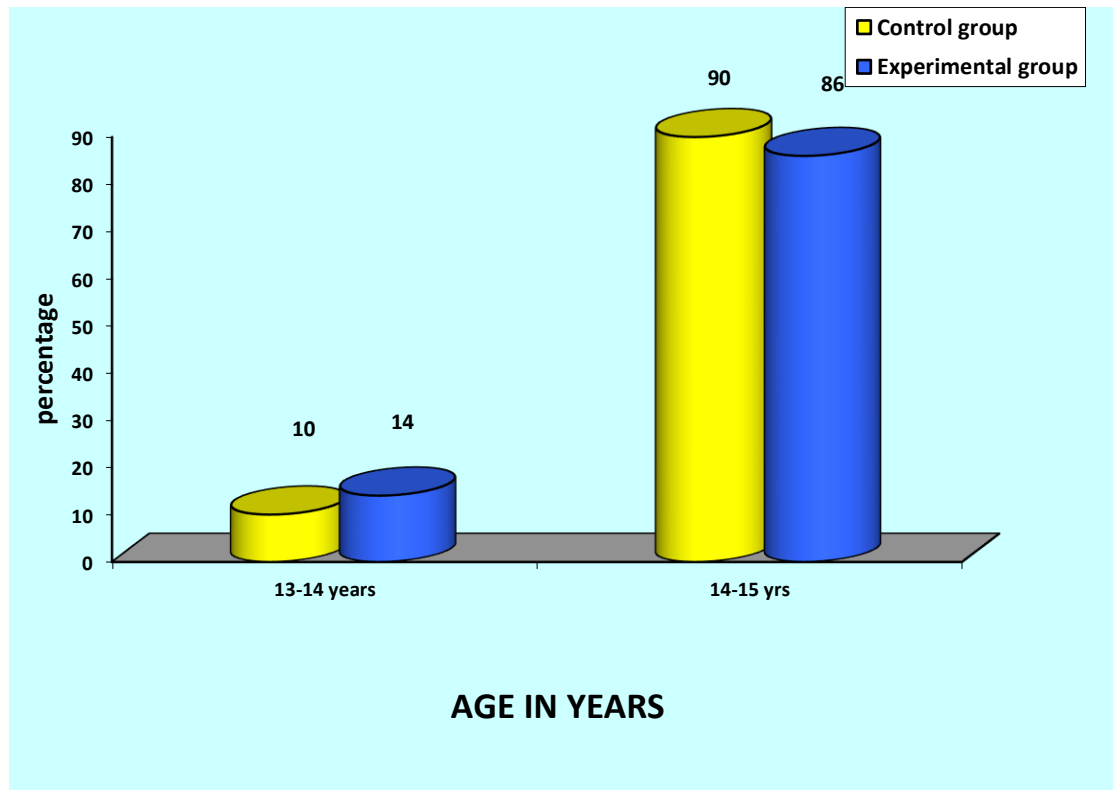


Fig.4.1.1. Distribution of early adolescent girls according to their age.

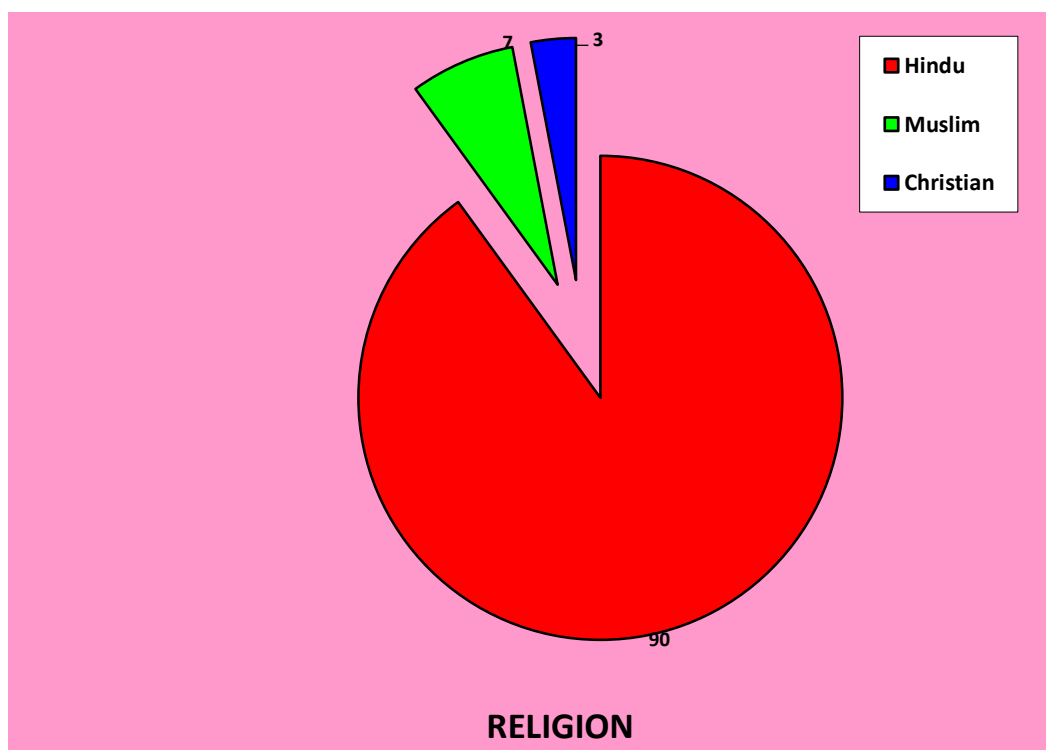


Fig.4.1.2. Distribution of early adolescent girls according to their religion

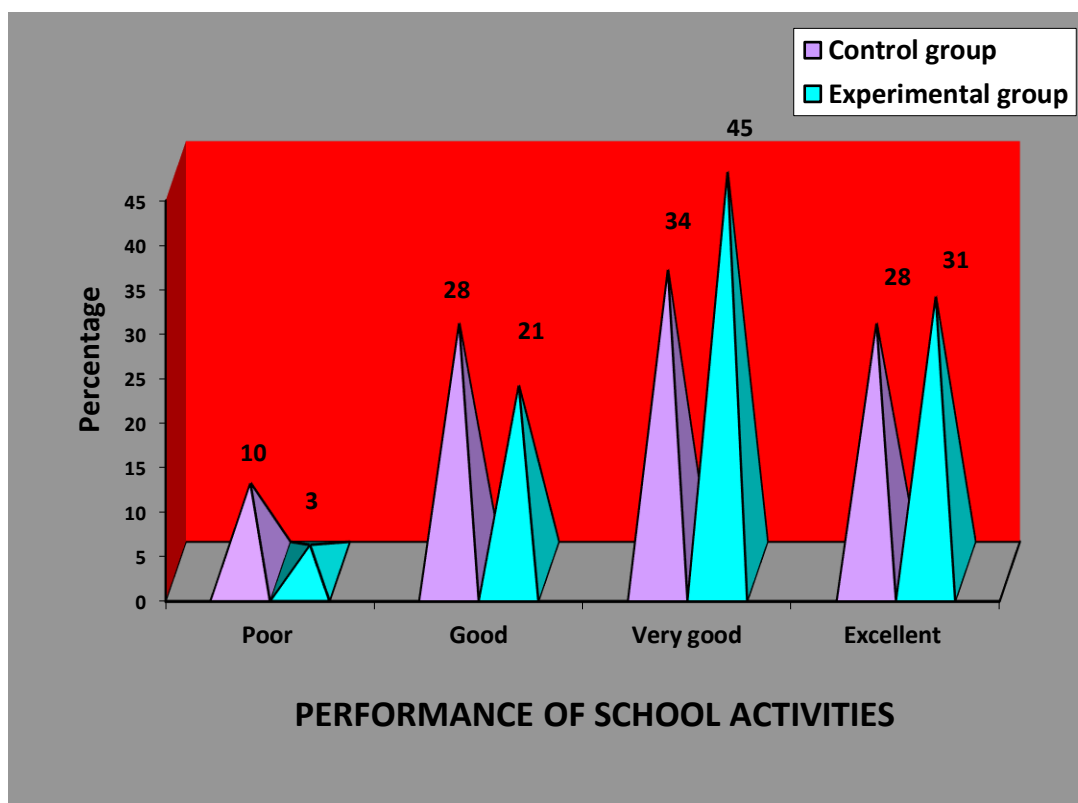


Fig.4.1.3. Distribution of early adolescent girls according to their performances of school activities.

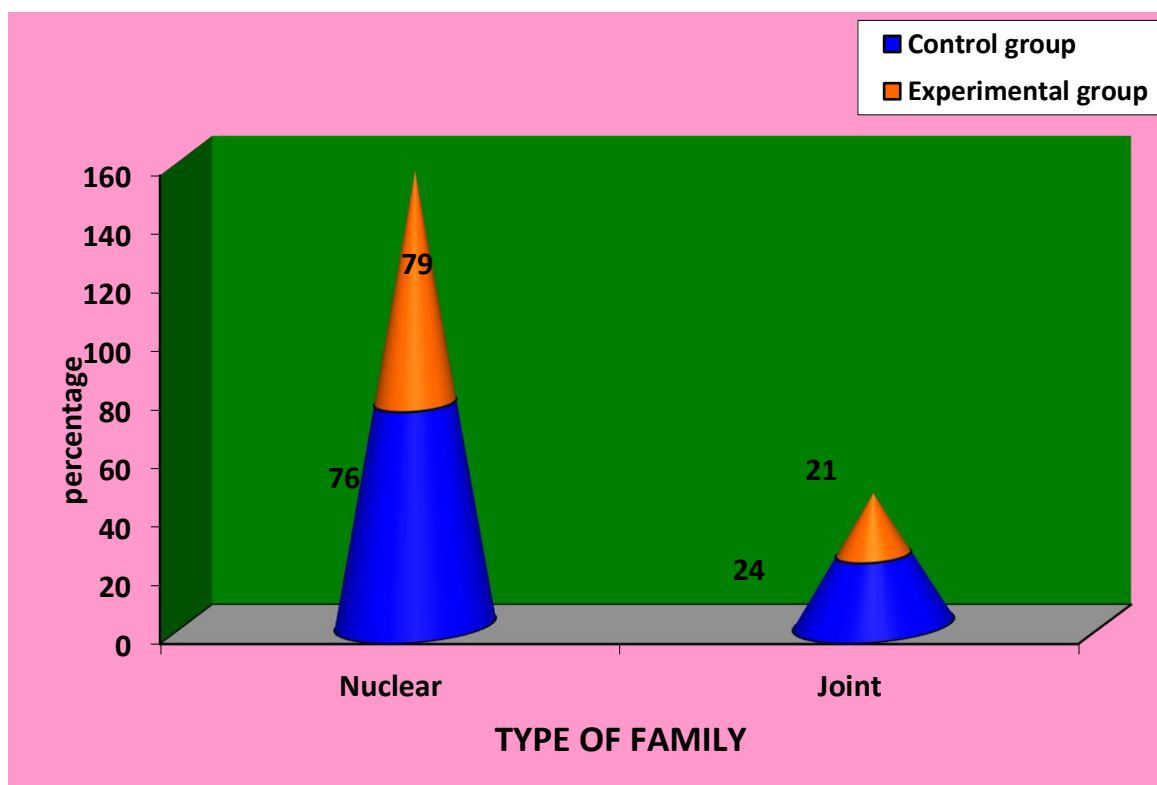


Fig.4.1.4. Distribution of early adolescent girls according to their type of family.

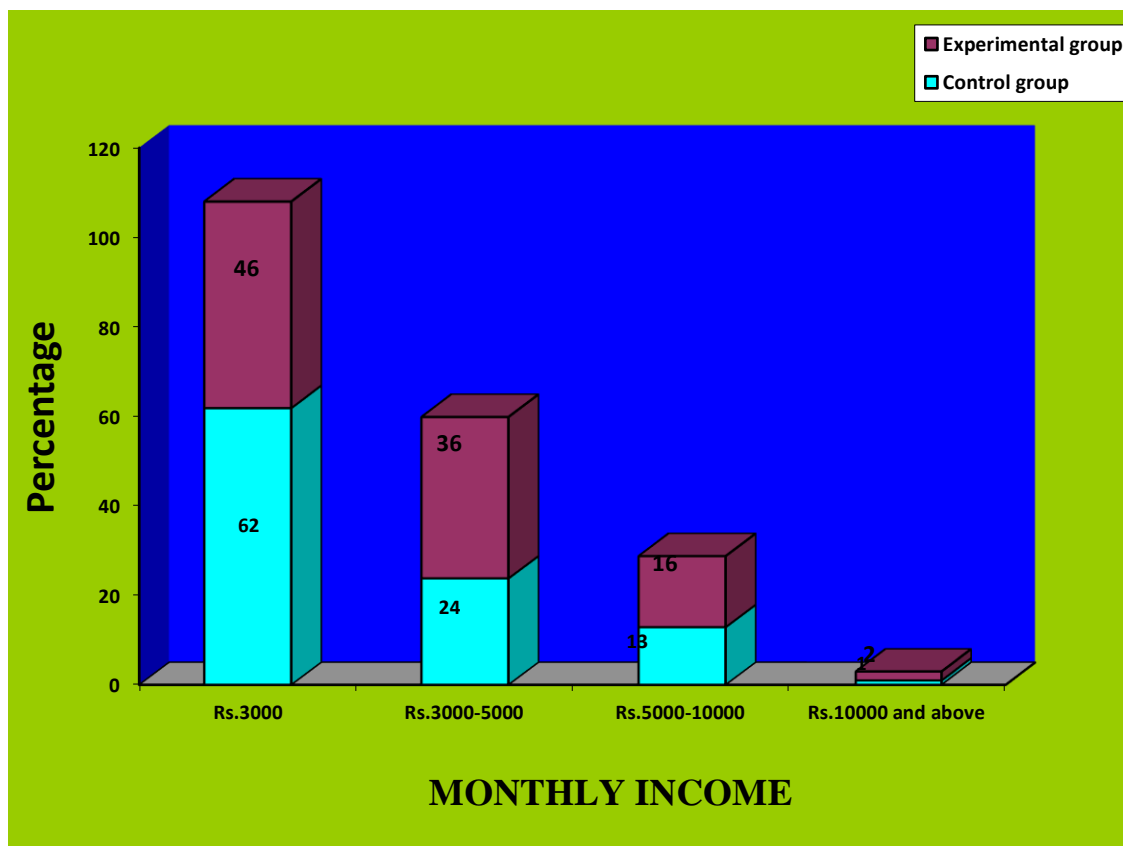


Fig.4.1.5. Distribution of early adolescent girls according to their family income per month.

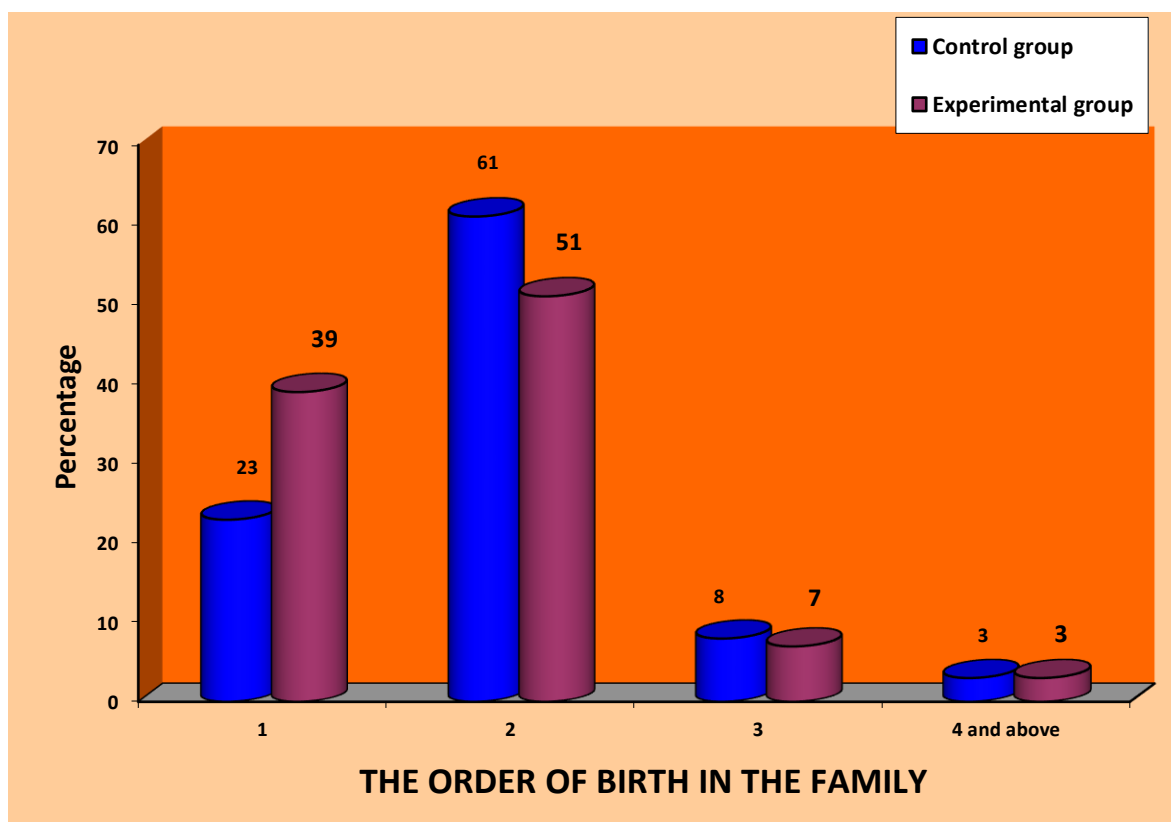


Fig.4.1.6. Distribution of early adolescent girls according to their order of birth in the family.

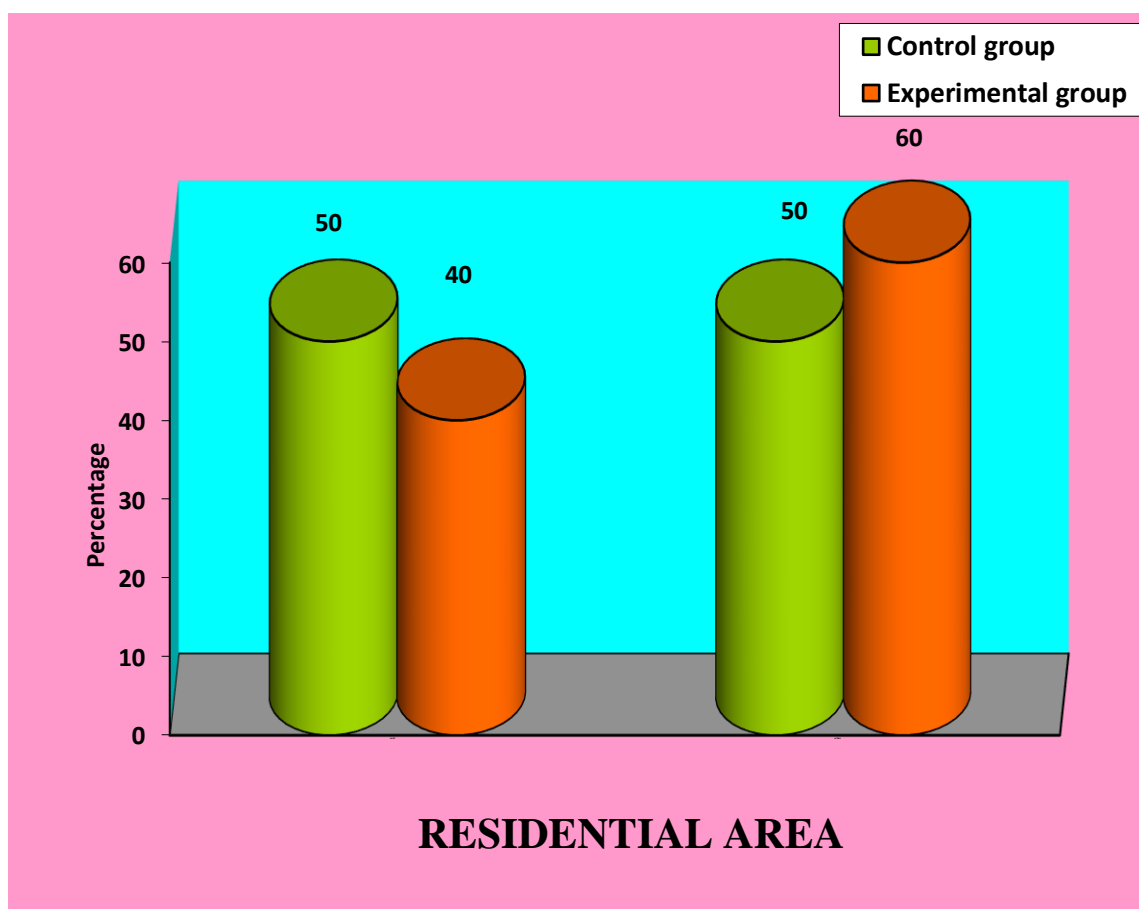


Fig.4.1.7.Distribution of early adolescent girls according to the residential area.

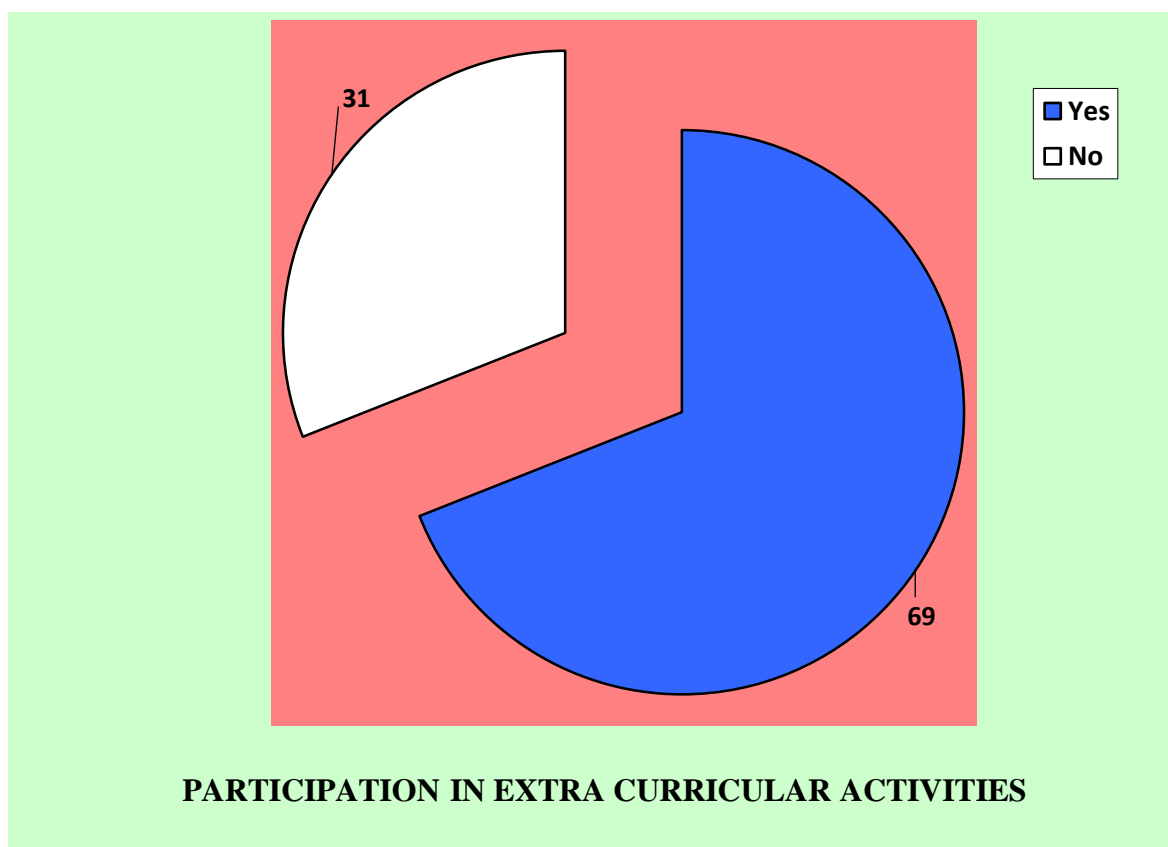


Fig.4.1.8.Distribution of early adolescent girls according to their participation in extra curricular activities.

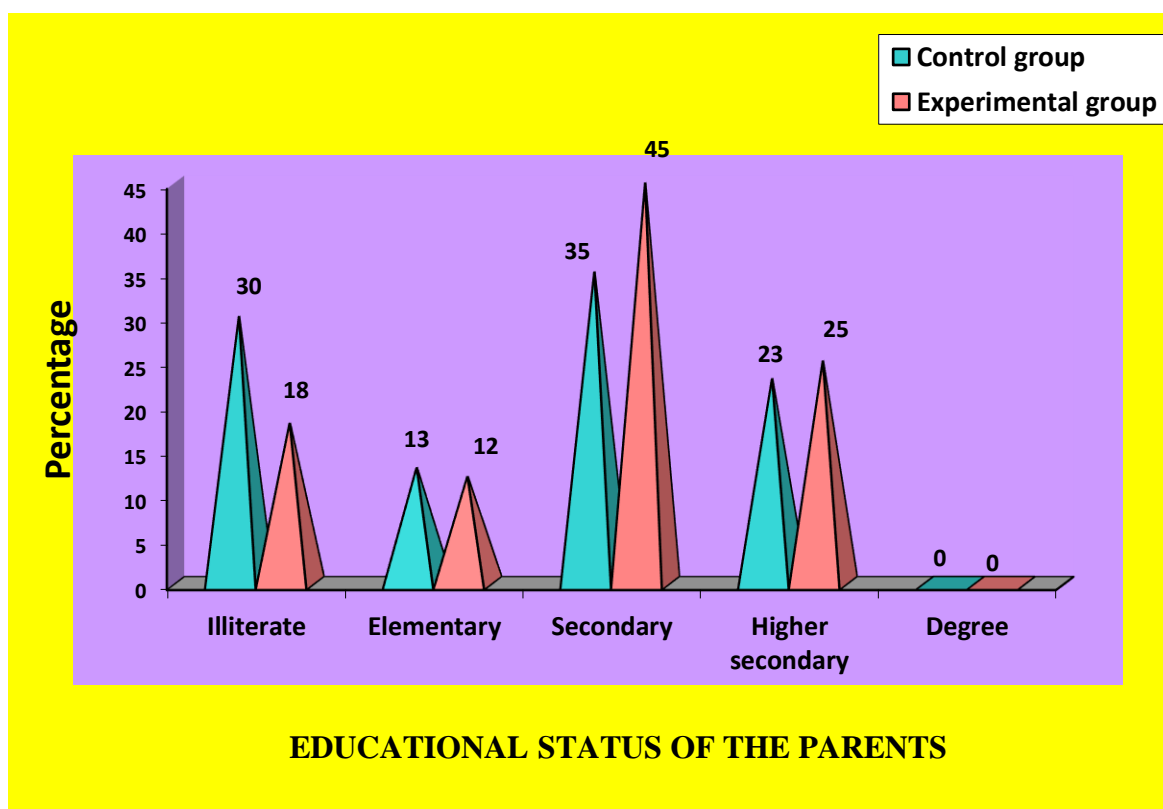


Fig.4.1.9.Distribution of early adolescent girls according to their parent's education.

Section B:

Distribution to evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls (age group between 13-15yrs) at selected school in Dindigul district

Table-4.2.1: Mean, SD and mean% to evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls (age group between 13-15yrs) at selected school in Dindigul district

Self Esteem	Max score	Control-Pre test scores			Control- Post test scores			Difference in mean %
		Mean	SD	Mean %	Mean	SD	Mean %	
Overall	50	35.53	6.74	71	35.6	6.69	71	0

The over all mean % of both pre and post test values in the control group are the same. That is 71%

Table-4.2.2: Mean , SD and mean% to evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls (age group between 13-15yrs) at selected school in Dindigul district

Self Esteem	Max score	Experimental -Pre test scores			Experimental - Post test scores			Difference in mean %
		Mean	SD	Mean %	Mean	SD	Mean %	
Overall	50	36.5	6.76	71	11.46	4.41	23	48

The mean % of post test score is greater than the mean pre test score in experimental group. The difference in mean % is 48.

Table-4.2.3: Effectiveness of Mean, SD and mean% to assess the effectiveness of assertiveness training on self esteem among early adolescent girls (age group between 13-15yrs) at selected school in Dindigul district

Self Esteem	Max score	Control-Post test scores			Experimental - Post test scores			Difference in mean %
		Mean	SD	Mean %	Mean	SD	Mean %	
Overall	50	35.6	6.69	71	11.46	4.41	23	48

There was vast difference between the post test score of control group and the post test score of experimental group. As the self esteem level increased after the assertiveness training, the mean percentage score has come to 23% from 71 % of pretest score values.

Table-4.3.1: Frequency and percentage wise distribution to evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls (age group between 13-15yrs) at selected school in Dindigul district

Level of self esteem	Control group				Experimental group			
	Pre test		Post test		Pre test		Post test	
	f	%	f	%	f	%	f	%
Fairly good	-	-	-	-	-	-	8	10
Mild low	-	-	-	-	-	-	31	38.75
Moderate low	1	1	-	-	1	1	39	48.75
Severe low	79	99	80	100	79	99	2	3
Total	80	100	80	100	80	100	80	100

The above table shows that in experimental group, 79(99%) early adolescent girls in their pretest had severe low self esteem and only one girl had moderately low self esteem where as in the post test only 2(3%) girls had severe low self esteem and 39(48.75%)adolescent girls had moderately low self esteem.

In the control group 79(99%) adolescent girls had severe low self esteem and only 1 (1%) girls had moderate self esteem.

This finding reveals that, in experimental group after the administration of assertiveness training, the level of self esteem among early adolescent girls were increased in post test than the pre test.

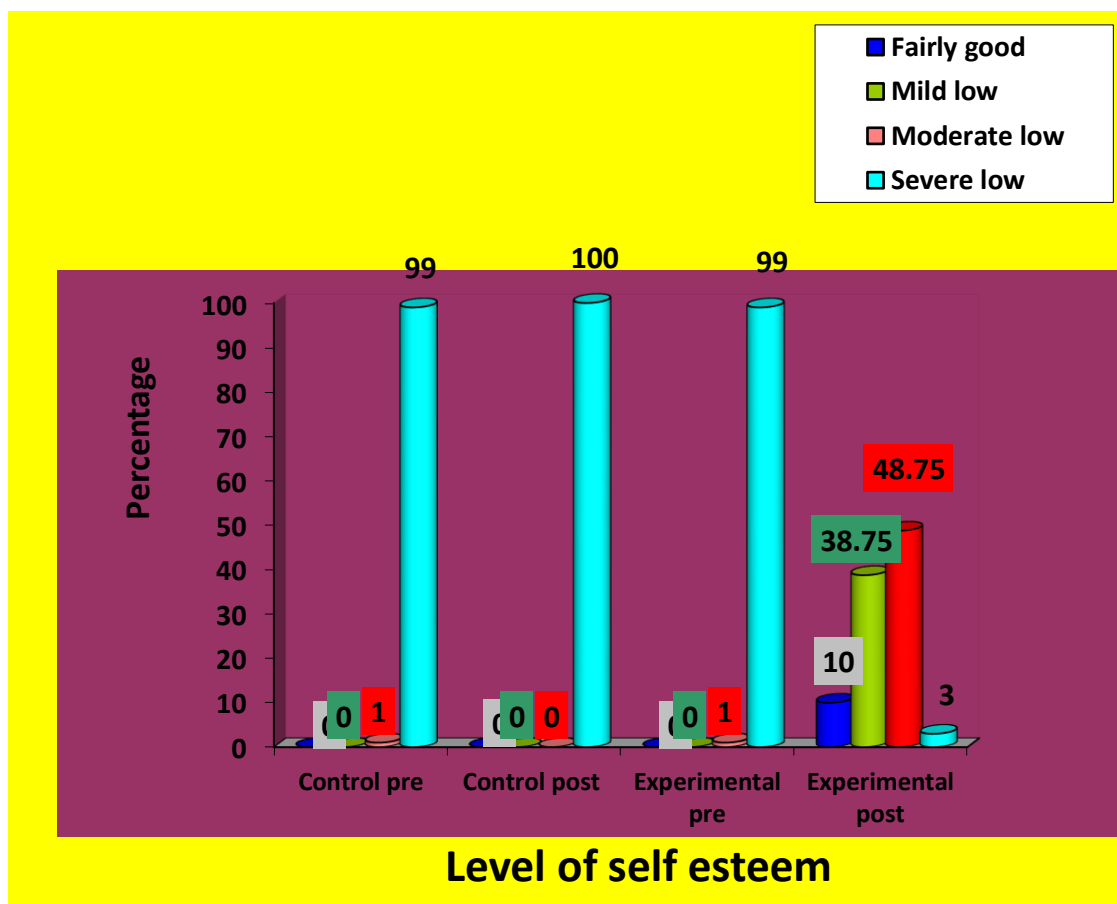


Table-4.4.1: paired “t”-test was found to evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls (age group between 13-15yrs) at selected school in dindigul district

Area	Control -Pre test		Control -Post test		Mean difference	‘t’-value
	Mean	SD	Mean	SD		
Overall	35.53	6.74	35.6	6.69	0.075	1.92

*-P<0.05, significant and **-P<0.01 &***-P<0.001, Highly significant

The above table shows that the control group calculated ‘t’ test value for overall ‘t’ test value was 1.92 which was not significant at P <0.05 level. It can be concluded that there is no much difference in pre test and post test in control group.

Table-4.4.2: paired “t”-test was found to evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls (age group between 13-15yrs) at selected school in dindigul district

Area	Experimental - Pre test		Experimental - Post test		Mean difference	‘t’-value
	Mean	SD	Mean	SD		
Overall	36.5	6.76	11.5	4.41	25	26.43***

*-P<0.05, significant and **-P<0.01 &***-P<0.001, Highly significant

The above table shows that experimental group calculated ‘t’ test value for overall ‘t’ test value was 26.43 which was highly significant at P <0.001 level. Hence H1 is accepted. It can be concluded that assertiveness training was effective in increasing the self esteem among early adolescent girls.

Table-4.4.3: Unpaired “t”-test was found to evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls (age group between 13-15yrs) at selected school in dindigul district

Area	Control post test		Experimental - Post test		Mean difference	‘t’-value
	Mean	SD	Mean	SD		
/verall	35.6	6.69	11.5	4.41	24.13	26.94***

*-P<0.05, significant and **-P<0.01 &***-P<0.001, Highly significant

The above table shows that the calculated ‘t’ test value for over all self esteem level 24.13 which was highly significant at P<0.001 level. Hence H2 is accepted. It can be concluded that the assertiveness training was effective in increasing self esteem in experimental group among early adolescent girls than control group.

Table No 4.5.1: Association between level of self esteem in control pre test and selected demographic data.

Demographic variables	Fairly good		Mild low		Moderate low		Severe low		χ^2
	f	%			f	%	f	%	
1.Age(in years):									
13-14 years	-	-	-	-	0	0	8	10	0.11 (df=1)
14-15 years	-	-	-	-	1	1	71	89	
2.Religion:									
Hindu	-	-	-	-	1	1	71	89	0.112 (df=2)
Muslim	-	-	-	-	0	0	6	7	
Christian	-	-	-	-	0	0	2	3	
3.School activities performance :									
Poor	-	-	-	-	0	0	8	10	2.66 (df=3)
Good	-	-	-	-	0	0	22	28	
Very good	-	-	-	-	0	0	28	35	
Excellent	-	-	-	-	1	1	21	26	
4. Type of Family :									
Nuclear	-	-	-	-	1	1	60	75	0.315 (df=1)
Joint	-	-	-	-	0	0	19	24	
5.Monthly income:									
3000	-	-	-	-	0	0	50	63	7.09 (df=3)
3000-5000	-	-	-	-	0	0	19	24	
5000-10000	-	-	-	-	1	1	9	11	
10000 and above	-	-	-	-	0	0	1	1	
6. order of birth in the family:									
1	-	-	-	-	0	0	23	29	12.48 (df=3)
2	-	-	-	-	0	0	49	61	
3	-	-	-	-	1	1	5	6	
4 and above	-	-	-	-	0	0	2	3	

7.Residential area:									
Rural	-	-	-	-	1	1	39	49	1.01
Urban	-	-	-	-	0	0	40	50	(df=2)
8.Participation in extracurricular activities:									
Yes	-	-	-	-	1	1	54	68	0.46
No	-	-	-	-	0	0	25	31	(df=1)
9.Educational Status of the parents:									
Illiterate	-	-	-	-	0	0	24	30	3.45 (df=3)
Elementary	-	-	-	-	0	0	10	12.5	
Secondary	-	-	-	-	0	0	28	35	
Higher secondary	-	-	-	-	1	1	17	21	
Degree	-	-	-	-					

*-P<0.05, significant and **-P<0.01 &***-P<0.001, highly significant

The above table shows that there is significant association between the order of birth in the family (at-P<0.01) and the level of self esteem among early adolescent girls in control group.

There was no association between the level of self esteem among early adolescent girls and their demographic variables such as age, religion, performance of school activities, type of family, monthly income of the parents, residential area, and participation in extracurricular activities and the educational status of the parents.

TableNo4.5.2: Association between level of self esteem in experimental pre test and selected demographic data.

Demographic variables	Fairly good		Mild low		Moderate low		Severe low		χ^2
	f	%			f	%	f	%	
1.Age(in years):									
13-14 years	-	-	-	-	0	0	11	14	0.16 (df=1)
14-15 years	-	-	-	-	1	1	68	85	
2.Religion:									
Hindu	-	-	-	-	1	1	66	83	0.19 (df=2)
Muslim	-	-	-	-	0	0	9	11	
Christian	-	-	-	-	0	0	4	5	
3.School activities performance :									
Poor	-	-	-	-	0	0	2	3	2.23 (df=3)
Good	-	-	-	-	0	0	17	21	
Very good	-	-	-	-	0	0	36	45	
Excellent	-	-	-	-	1	1	24	30	
4.Family status :									
Nuclear	-	-	-	-	1	1	62	78	0.273 (df=1)
Joint	-	-	-	-	0	0	17	21	
5.Monthly income:									
3000	-	-	-	-	0	0	37	46	5.22 (df=3)
3000-5000	-	-	-	-	0	0	29	36	
5000-10000	-	-	-	-	1	1	12	15	
10000 and above	-	-	-	-	0	0	1	1	
6.Total number of children in the family:									
1	-	-	-	-	0	0	31	39	12.48 (df=3)
2	-	-	-	-	0	0	41	51	
3	-	-	-	-	1	1	5	6	
4 and above	-	-	-	-	0	0	2	3	

7.Residential area:									
Rural	-	-	-	-	0	0	32	40	0.71
Urban	-	-	-	-	1	1	47	59	(df=2)
8.Participation in extracurricular activities:									
Yes	-	-	-	-	1	1	63	79	0.25
No	-	-	-	-	0	0	16	20	(df=1)
9.Educational Status of the parents:									
Illiterate	-	-	-	-	0	0	14	18	3.04 (df=3)
Elementary	-	-	-	-	0	0	10	13	
Secondary	-	-	-	-	0	0	36	45	
Higher secondary	-	-	-	-	0	0	19	24	
Degree	-	-	-	-	1	1	19	24	

*-P<0.05 ,significant and **-P<0.01 &***-P<0.001 , Highly significant

The above table shows that there is significant association between the order of birth in the family and the level of self esteem among early adolescent girls in experimental group.

There was no association between the level of self esteem among early adolescent girls and their demographic variables such as age, religion, performance of school activities, type of family, monthly income of the parents, residential area, and participation in extracurricular activities and the educational status of the parents.

CHAPTER - V

DISCUSSION

“The way we communicate with others and with ourselves ultimately determines the quality of our lives.” Anthony Robbins

This study was conducted to assess the effectiveness of assertiveness training on self esteem among early adolescent girls at selected schools in Dindigul district.

The discussion was based on the objectives specified in this study.

The first objective was to assess the pretest and post test level of self esteem among adolescent girls in the control and experimental group.

In experimental group, 79(99%) early adolescent girls in their pretest had severe low self esteem and only one girl had moderately low self esteem where as in the post test only 2(3%) girls had severe low self esteem and 39(48.75%)adolescent girls had moderately low self esteem.

In the control group 79(99%) adolescent girls had severe low self esteem and only 1 (1%) girls had moderate self esteem.

The above findings are consistent with a study conducted in Chhattisgarh by **Triancle et. al., (2012)** India in a CBSE English medium school with 160 students to check the effectiveness of assertiveness training programme on self-esteem and academic achievement in adolescents. The study adopted pre-test – post-test control group design. Experimental group was given assertiveness training but control group was not given any training. After intervention, subjects were tested on the same measures again. It was concluded that assertiveness training programme was effective by 30.25% on self-esteem but no potential effects are found on academic achievement of adolescents.

The above findings are consistent with a study conducted by **Linda C. Mechling and Catherine O. Swindle, et.al., (2012)** in Islamic Azad University, Iran on 2012 determining of efficacy assertiveness training on increasing self-esteem and general self efficacy girls' students. Study method was two experiment groups and control group with pretest and posttest. 40 people were selected that they have lower scores on self-esteem and self-efficacy and were conducted in two groups of 20 people in training programs, assertiveness training in 90 minutes to 8 sessions of group practices. According final findings $p \leq 0/001$, have significant effect. Means that assertiveness training was effective in increasing self-efficacy and self-esteem.

The second objective was to evaluate the effectiveness of assertiveness training on self esteem among adolescent girls in the experimental group.

The findings shows that the calculated 't' test value for over all self esteem level 24.13 which was significant at $P < 0.001$ level. Hence H2 is accepted. It can be concluded that the assertiveness training was effective in increasing self esteem in experimental group among early adolescent girls than control group

The above findings are consistent with a study conducted by **Penny Haney & Joseph A. Durlak (2011)** on the Effectiveness of an Assertiveness Training Programme on Adolescents' Assertiveness Level. The data was collected through "Rathus Assertiveness Schedule". For the experimental group assertiveness enhancing programme as an independent variable was carried out by the school counsellor, during 50-70 minutes lasting 12 weeks. During this period the control group did not receive any treatment. The ANCOVA analysis results have shown that assertiveness training program was effective on adolescents' assertiveness level

Also A study was formulated by **Andreoletti et. al., (2011)** to evaluate an assertiveness training program on nursing and medical students' Nursing Department,

Tri-Service General Hospital, Taiwan on assertiveness, self-esteem, and interpersonal communication satisfaction. Using a longitudinal research design, 69 participants whose scores on the Assertive Scale were $\leq 50\%$ (i.e., low assertiveness) and who were willing to participate were included and assigned to an experimental group (33 subjects) or comparison group (36 participants; participants were matched with the experimental group by grade and sex). Participants in the experimental group received eight 2-h sessions of assertiveness training once a week. The assertiveness and self-esteem of the experimental group were significantly improved in nursing and medical students after assertiveness training, although interpersonal communication satisfaction of the experimental group was not significantly improved after the training program.

The third objective was to find out the association between the levels of self esteem among adolescent girls and their selected demographic variables.

There is significant association between the order of birth in the family (at- $P < 0.01$) and the level of self esteem among early adolescent girls in control group. There was no association between the level of self esteem among early adolescent girls and their demographic variables such as age, religion, performance of school activities, type of family, monthly income of the parents, residential area, and participation in extracurricular activities and the educational status of the parents.

There is significant association between the age (at- $P < 0.01$) and the monthly income of the parents (at- $P < 0.05$) and the level of self esteem among early adolescent girls in experimental group. There was no association between the level of self esteem among early adolescent girls and their demographic variables such as religion, performance of school activities, type of family, order of birth, residential area, and participation in extracurricular activities and the educational status of the parent.

It revealed that there was a significant between the levels of self esteem with selected demographic variables in experimental group and control group such as age, monthly income of the parents. Hence research hypothesis H3 is retained for as age and monthly income of the parents in experimental group.

The above findings are consistent with a study investigated by **Bola O. Makinde & Akin Jonathan Akinteye (2014)** on the effects of Mentoring and Assertiveness Training on Adolescents' self-esteem in Lagos State secondary schools. A total of 96 adolescents (48males and 48 females) drawn from three public schools randomly selected from three Education Districts in Lagos State constituted the final sample. The dependent variables for this study were self-worth and gender. Descriptive survey and quasi-experimental design using the pre-test post-test control group design were adopted for the study. Two instruments used to generate data for the study were: Adolescents' Personal Data Questionnaire (APDQ) and Rosenberg Self-Esteem Scale (RSE). Two research questions were raised and two corresponding hypotheses were formulated to guide the study. The two hypotheses were tested using the one-way Analysis of Covariance (ANCOVA) at 0.05 levels of significance. Hypotheses 1 was rejected while hypothesis 2 was accepted. The findings revealed that mentoring and assertiveness training were efficacious in raising adolescents' self-esteem. The study also found that the significant effect of mentoring and assertiveness training on adolescents' self-esteem was not due to religion, educational level of the parents.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION

This chapter deals with the summary of the study and conclusions. It clarifies the implications for nursing practice, Nursing research, Nursing administration, and nursing education and recommendation for further research in the field.

Summary

The purpose of the study was “to evaluate the effectiveness of assertiveness training on self esteem among early adolescent girls at selected schools in Dindigul district.”

Objectives of the study were

1. To assess the pretest and post test level of self esteem among adolescent girls in the control and experimental group.
2. To evaluate the effectiveness of assertiveness training on self esteem among adolescent girls in the experimental group.
3. To find out the association between the levels of self esteem among adolescent girls and their selected demographic variables.

The design of the study was Quasi experimental non equivalent control group pretest –posttest design. The conceptual framework of the study is adopted from the fish bone diagram (cause- effect diagram 1992) and health belief model (rosenstock, 1998). It addresses the relationship between person’s belief and behaviour.it consists of three components ie.,

- Individual perception
- Modifiable factors
- Likelihood of action

The sample size consists of 160 early adolescent girls between 13-15 years at selected schools in Dindigul district. 80 samples was assigned for the experimental group and 80 for the control group. Pre test data was collected by researcher using standardized Sorensen self esteem questionnaire for both the groups. Experimental group received assertiveness training for 6 weeks. No Intervention was given to control group. Post test was conducted by the researcher for both the groups using the same scale on the 6th week. The data were analyzed using both Descriptive and inferential statistics (frequency, percentage, mean and paired, un paired 't' test and chi- square test) was used to analyze the data.

Major findings of the study

The above table shows that among 80 samples, with regard to age 11(14%)samples belonged to 13-14 years, 69(86%) belonged to 14-15 years.

Regarding religion, 67(84%) samples were Hindu, 9(11%) samples were Muslim and 4(5%) samples were Christian

Regarding to school activities performance, 2 (3%) of are poor in their performance and 17(21%) were good 36(45%) were very good and 25(31%) students were excellent in their school performance.

According to the type of family, 63 (79%) belonged to nuclear family and 17(21%) belonged to joint family.

Majority of the student's parents are getting the monthly income as Rs. 3000 37(47%)and Rs. 3000- 5000 were 29(36%) and people who are getting Rs.5000- 10,000 were 13(16%) those who get above Rs.10,000 was 1 (1%)

The order of birth of the sample in the family is 1st child were 31 (39%) , 2nd children were 41 (51%), 3 rd children were 6(7%) 4 th and above children were 2 (3%)

About residential area, 48 (60%) girls belonged to urban area and 32 (40%) of samples belonged to rural area.

64(80%) are participating in extracurricular activities and 16(20%) of girls are not interested to participate in extracurricular activities.

Educational status of the parents includes 14 (18%) of them were illiterates, 10 (12%) of them have studied up to elementary education, 36(45%) of them have studied till secondary school, 20 (25%) of them have completed till higher secondary schooling and none of them have studied degree course.

This finding reveals that the levels of self esteem among early adolescent girls were increased in experimental group than control group.

There was vast difference between the post test score of control group and the post test score of experimental group. As the self esteem level increased after the assertiveness training, the mean percentage score has come to 23% from 71 % of pretest score values.

In experimental group, 79(99%) early adolescent girls in their pretest had severe low self esteem and only one girl had moderately low self esteem where as in the post test only 2(3%) girls had severe low self esteem and 39(48.75%)adolescent girls had moderately low self esteem.

This finding reveals that, in experimental group after the administration of assertiveness training, the level of self esteem among early adolescent girls were increased in post test than the pre test.

The calculated 't' test value in control group 't' test value was 1.92 which was not significant at $P < 0.05$ level. It can be concluded that there is no much difference in pre test and post test in control group.

The calculated 't' test value in experimental group 't' test value was 26.43 which was highly significant at $P < 0.001$ level. Hence H1 is accepted. It can be concluded that assertiveness training was effective in increasing the self esteem among early adolescent girls.

The calculated 't' test value for over all self esteem level 24.13 which was significant at $P < 0.001$ level. Hence H2 is accepted. It can be concluded that the assertiveness training was effective in increasing self esteem in experimental group among early adolescent girls than control group.

This finding reveals that, in experimental group after the administration of assertiveness training, the level of self esteem among early adolescent girls were increased in post test than the pre test.

There is significant association between the order of birth in the family (at $P < 0.01$) and the level of self esteem among early adolescent girls in control group.

There is significant association between the age (at $P < 0.01$) and the monthly income of the parents (at $P < 0.05$) and the level of self esteem among early adolescent girls in experimental group.

There was no association between the level of self esteem among early adolescent girls and their demographic variables such as religion, performance of school activities, type of family, order of birth, residential area, and participation in extracurricular activities and the educational status of the parents.

This finding reveals that, in experimental group after the administration of assertiveness training, the level of self esteem among early adolescent girls were increased in post test.

This study was conducted to assess the effectiveness of assertiveness training on self esteem among early adolescent girls in Dindigul District. The findings revealed that assertiveness training was effective in increasing self esteem among early adolescent girls in Dindigul District.

Implication

The findings of the study have several implications in following field. It can be discussed in four areas namely Nursing practice, Nursing administration, Nursing education and Nursing research.

Nursing service

Nurse working in psychiatric unit should have enough knowledge and special skills to tackle the early adolescent girls with low self esteem.

Nurse, as a counselor should provide counseling and guidance to the family members of adolescent girls with low self esteem.

Nursing administration

Accountability wholly vests in the hands of Nursing administrators to improvise and keep the nurses with updated information.

Nurse Administrators can make necessary policies to implement the nursing care services for the low self esteem adolescent girls.

Nurse Administrators can organize in-service education program to improve self esteem among adolescent girls.

The Nurse administrator should give attention on the proper selection, placement and effective utilization of the nurses in all areas with their interest, creativity, ability in education of care providers to care adolescent girls with low self esteem.

The nurse administrator should arrange seminar, conference, workshop related to assertiveness training among early adolescent girls.

Nursing education

Continuous nursing education should be conducted to update the knowledge and practice of health care providers.

Efforts should be made to improve and expand nursing curriculum to provide more content in the area of nursing care for patients with Schizophrenia and train students in assessing and caring such patients.

Conference, workshops, seminars can be given for nurses to impart education towards the care of early adolescent girls on their self esteem.

Students should be provided with adequate opportunities in developing skills in handling such adolescent girls and how to identify their problems and help them to promote comfort and wellbeing.

Nursing Research

The finding of the study helps the psychiatric nurses and students to develop the inquiry by providing baseline. The general aspect of the study result can be made by further replications of the study.

A nurse researcher can provide supportive care measures which may improve physical well being and self esteem for the early adolescent girls.

Limitations:

Prolonged effect of assertiveness training could not be measured.

The investigator needed much co operation from the early adolescent girls.

Randomization of samples could not be done.

Recommendations

Continuing education and in service education can be given to nurses regarding assertiveness training, its identification, diagnosis and interventions.

Assertiveness training can be taught to the school teachers who undertake special education.

Similar study can be conducted in other parts of the country with a larger sample.

The same study can be conducted in different settings i.e. in the community settings.

A qualitative study can be done to assess the impact of assertiveness training on self esteem.

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APPENDIX – I



SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,
Palakkanuthu - (Po.),
Oddanchatram - 624 619.
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272
Mobile : 97509 56810
Fax : 0451-2554317
E-mail : sakthinursingcollege@gmail.com

PERMISSION LETTER

From

The Principal,
Sakthi College of Nursing,
Oddanchatram, Dindigul (Dt)

To

The Headmistress,
Government Girls Higher Secondary School,
Oddanchatram.

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

MRS. KETHSIYAL .P is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking ("A STUDY TO EVALUATE **THE EFFECTIVENESS OF ASSERTIVENESS TRAINING ON SELF-ESTEEM AMONG EARLY ADOLESCENT GIRLS AT SELECTED SCHOOLS IN DINDIGUL**"), she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed institution.

Thanking you,

yours sincerely,

Date :

Place :

PRINCIPAL
Sakthi College of Nursing
Sakthi Nagar, Palakkanuthu
Dindigul - (Dist) 624 624

சென்னை மாநகராட்சி
சிறு மகனாள் மேல்நிலைப் பள்ளி
ஒட்டன்சத்திரம் - 624 619
திண்டுக்கல் மாவட்டம்

APPENDIX – II



SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,
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Phone : 0451 - 2050272
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PERMISSION LETTER

From

The Principal,
Sakthi College of Nursing,
Oddanchatram, Dindigul (Dt)

To

The Headmistress,
Government Girls Higher Secondary School,
Vedasandhur.

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

MRS. KETHSIYAL .P is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking ("A STUDY TO EVALUATE THE EFFECTIVENESS OF ASSERTIVENESS TRAINING ON SELF-ESTEEM AMONG EARLY ADOLESCENT GIRLS AT SELECTED SCHOOLS IN DINDIGUL"), she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed institution.

Thanking you,

yours sincerely,

Date :

Place :

[Signature]
15/07/16
Head Master
Govt (G) Hr. Sec. School
Vedasandur- 624710

[Signature]
PRINCIPAL
Sakthi College of Nursing
Sakthi Nagar, Palakkanuthu
Dindigul - (Dist)
624 624

APPENDIX – III

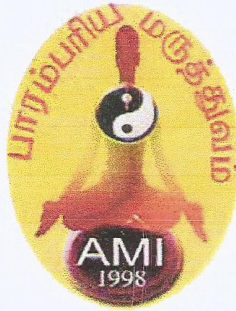
Alternative Medicine College

Selva Vinayakar Nagar, Bellathi (Post), Karamadal, Coimbatore - 641 104, Tamil Nadu, India,

Run by Athma Trust, Registered by Government of Tamilnadu, India. Reg.No. 16/2012

Reg by Global Alternative Medical Association (GAMA)

www.alternativetherapycourses.com



CERTIFICATE

This Diploma in.....**ASSERTIVENESS TRAINING**.....has
been awarded to.....**Mrs. KETHSIYAL.P**.....
on ~~his~~ / her successful completion of the course and
on having satisfied us about ability to practice.

Registered No : AMC/AT/14/0412

Place : Karamadai

Date : 18.12.2015



Course Director

Dr. R. SENTHIL KUMAR M.D.(Acu), Ph.D.(Yoga)
Yoga Alternative Medicines Practitioner & Trainer

APPENDIX – IV

CONTENT VALIDITY

From

Mrs. Kethsiyal

M.Sc Nursing IInd Year,

Sakthi College of Nursing.

Oddanchatram, Dindigul.

To

Respected Sir / madam,

Sub:-Requisition from expert opinion and content validity reg.

I am a MSc(N) II Nursing student, studying in Sakthi College of Nursing Oddanchatram, Dindigul under Tamilnadu Dr.MGR Medical University. As a partial fulfillment of M.Sc Nursing Degree program, I am conducting a research study **“A study to evaluate the effectiveness of assertiveness training on low self esteem among early adolescent girls (age group between 13-15years) at selected schools in Dindigul district”**.

I am sending the research tool for content validity and request you to give your expert and valuable review and opinion. I will be very thankful if you return at the earliest. Here with I have enclosed the necessary documents.

Thanking you.

Yours sincerely,

Kethsiyal

Enclosure:

1. Statement of the problem & objectives of the study.
2. Tool for data collection.
3. Brief note on the research methodology and intervention tool.
4. Certificate of content validity.

APPENDIX -V

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the tool prepared by **Mrs.Kethsiyal**, M.Sc(N) II YR student of Sakthi College of Nursing for the conduction of the study .**“A study to evaluate the effectiveness of assertiveness training on low self esteem among early adolescent girls (age group between 13-15years) at selected schools in Dindigul district”** is valid. She can proceed in conducting the data collection with it.

Place:

Date:

Signature

APPENDIX -VI

LIST OF EXPERTIES

1. Dr. Susheel . K. Tharian, M.D.,DPM

Head of the department,
Department of psychiatry,
Christian fellowship hospital,
Oddanchatram.
Dindigul

2. Dr. Sachin, M.D

Department of Peadiatrics,
Christian fellowship Hospital,
Oddanchatram.

3. Assot.Prof. Fleming Andrew Tom, M.sc (N).,

Dept.of Mental Health,
Sri Aurobindo College of Nursing
TNPL road, Punnamchatram
Karur

4. Prof. Vinoth Kumar.M.sc (N).,

Dept. of mental Health,
Bharat College of Nursing,
Palani

5. Prof. Jancy .M.sc (N)., Ph.D.,

Dept. of mental Health,
CSI Jayaraj Annapackiam College of Nursing,
Madurai.

6. Mr. Mani., M.Sc.,M.Phil,

Bio- statistician,
Bangalore

7. Mr. Julian., M.Sw, M.Phil

Lecturer, Department of Social work,
The American College,
Madurai.

8. Mr. Diaz.,M.Sw

Department of sociology,
Indira college of Nursing,
Trichy.

9. Mrs. Dhanalakshmi.,M.Sc., M.Phil

Department of Psychology,
Sakthi College of Arts and Science,
Oddanchatram.

APPENDIX -VII

CERTIFICATE FOR TAMIL EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation fitted **“A study to evaluate the effectiveness of assertiveness training on low self esteem among early adolescent girls (age group between 13-15years) at selected schools in Dindigul district”** by Mrs.Kethsiyal, M.Sc(N) II Year student of Sakthi College of Nursing was edited for Tamil Language appropriateness by Asst professor **Mrs.Rathi Devi, M.A., M.A., M.Phil., Ph.D.**, HOD of Tamil department at Sakthi College of Arts and Science, oddnchatram.

Signature

APPENDIX -VIII

CERTIFICATE FOR ENGLISH EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation fitted **“A study to evaluate the effectiveness of assertiveness training on low self esteem among early adolescent girls (age group between 13-15years) at selected schools in Dindigul district”** by **Mrs. Kethsiyal**, M.Sc(N) II Year student of Sakthi College of Nursing was edited for English Language appropriateness by Asst. Professor **Ms.Narmatha Devi, M.A., M.phil.**, HOD of English Department at Sakthi College of Arts and Science, oddanchatram.

Signature

APPENDIX – IX

SECTION –I: DEMOGRAPHIC VARIABLES

Introduction to participants:

Dear participants,

This section consists of personal information and you are requested to answer the questions correctly. The information collected from you will be kept confidential.

Sample No:

Personal variables

1. Age in years

a. 13-14 ()

b. 14-`15 ()

2. Religion

a. Hindu ()

b. Muslim ()

c. Christian ()

3. Performances of school activities

a. Poor ()

b. Good ()

c. Very good ()

d. Excellent ()

4. Type of Family

a. Nuclear ()

b. Joint ()

5. Monthly income of the family

a. Up to 3, 000 ()

b. 3, 000-5, 000 ()

c. 5, 000-10, 000 ()

d. 10, 000 and above ()

6. The birth order that you hold in your family

a. 1st ()

b. 2nd ()

c. 3rd ()

d. 4 and above ()

7. Residential area

a. Rural ()

b. Urban ()

8. participation in Extra curricular activities

a. Yes ()

b. No ()

9. Educational status of the parents

- a. Illiterate ()
- b. Elementary ()
- c. Secondary ()
- d. Higher secondary ()
- e. Degree ()

SECTION – II

Kindly reply the answers to the following statements which are true to your knowledge and behavior. Kindly place a check mark next to the number of each statement that you find to be true. Everything will be kept confidential.

SORENSEN –SELF ESTEEM TEST QUESTIONNAIRE

Marilyn J. Sorensen., Ph.D

S.No	Test Statements	yes	No
1	I generally feel anxious in new social situations where I may not know what is expected of me		
2	I find it difficult to hear criticism about myself		
3	I fear being made to look like a fool		
4	I tend to magnify my mistakes and minimize my successes		
5	I am very critical of myself and others		
6	I have periods in which I feel devastated and /or depressed		
7	I am anxious and fearful much of the time		
8	when someone mistreats me, I think that I must have done something to deserve it		
9	I have difficulty knowing who to trust and when to trust		
10	I often feel like I don't know the right thing to do or say		
11	I am very concerned about my appearance		
12	I am easily embarrassed		
13	I think others are very focused on/ and critical of /what I say and do		
14	I fear making a mistake which others might see		
15	I often feel depressed about things I have said and done or things I failed to say or do		
16	I have avoided making changes in my life because I		

	was fearful of making a mistake or falling.		
17	I often get defensive and strike back when I perceive I am being criticized		
18	I have not accomplished what I am capable of due to fear and avoidance		
19	I tend to let fear and anxiety control many of my decisions		
20	I tend to think negatively much of the time		
21	I have found it difficult to perform without embarrassment when involved in group activities		
22	I am one of the following; the person who reveals too much personal information about me or the person who seldom reveals personal information.		
23	I often get so anxious that I don't know what to say		
24	I often procrastinate		
25	I try to avoid conflict and confrontation		
26	I have told I am too sensitive		
27	I felt inferior or inadequate as a child		
28	I tend to think that I have higher standards than others		
29	I often don't know what is expected of me		
30	I often compare myself to others		
31	I frequently think negative thoughts about myself and others		
32	I often feel that others mistreat me and or take advantage of me		
33	At night I frequently review my day analyzing what I said and did or what others said and did to me that day		
34	I often make decisions on the basis of what would please others rather than on what I want		
35	I often think that others don't respect me		
36	I often refrain from sharing my opinions, my ideas, and my feelings in groups		
37	I sometimes lie when I feel that truth would result in criticism or rejections		
38	I am fearful that I will say or do something that will make me look stupid		

39	I do not set goals for the future		
40	I am easily discouraged		
41	I am not very aware of my feelings		
42	I grow in a dysfunctional home		
43	I think life is harder for me than for most of other people		
44	I often avoid situations where I think I will be uncomfortable		
45	I tend to be a perfectionist, needing to look perfect and to do things perfectly		
46	I feel too embarrassed to eat out alone or to attend movies and other activities by myself.		
47	I often find myself angry or hurt by the behavior and words of others		
48	At times I get so anxious or upset that I experience most of the following ;heart racing, sweating ; tearfulness; poor concentration dizziness.		
49	I am very fearful of criticism, disapproval, or rejection		
50	I rely on the opinion of others to make decisions		

APPENDIX – IX

குறிப்புகள் அடங்கிய படிவம் பகுதி- அ

அன்பான பங்காளர்களே,

இப் பகுதியானது, உங்களின் சொந்த விபரங்களை உள்ளடக்கியது.சரியான பதிலை தேர்வு செய்யவும்.உங்களிடமிருந்து பெறப்படும் அனைத்து விபரங்களும் ரகசியமாக பாதுகாக்கப்படும் என உறுதியளிக்கிறேன்.

மாதிரி எண்:

சொந்த விபரங்கள்

1. வயது

அ. 13-14

ஆ. 14-15

2. மதம்

அ. இந்து

ஆ. முஸ்லிம்

இ. கிறிஸ்தவர்

3. பள்ளி செயல் நிறைவேற்றம்

அ.மோசம்

ஆ. நல்லது

இ. சிறந்தது

ஈ. மிக சிறந்தது

4. குடும்ப வகை

அ. தனிகுடும்பம்

ஆ. கூட்டுக்குடும்பம்

5. குடும்ப மாத வருமானம்

அ. ரூ. 3000 வரை

ஆ. ரூ. 3000-5000

இ. ரூ. 5000-10,000

ஈ. 10,000 க்கு மேல்

6. நீங்கள் உங்கள் வீட்டில் எத்தனையாவது குழந்தை

அ. முதலாவது

ஆ. இரண்டாவது

இ. மூன்றாவது

ஈ. ஏன்கு மற்றும் அதற்கு மேல்.

7. இருப்பிடம்

அ. கிராமம்

ஆ. நகரம்

8. பாடத் திட்டமல்லாதவற்றில் பங்கு கொள்வது

அ. ஆம்

ஆ. இல்லை

9. பெற்றோர்களின் கல்வி தகுதி

அ. படிக்காதவர்

ஆ.தொடக்கக்கல்வி

இ. நடுநிலை

ஈ. மேநிலை

உ. பட்டம் பெற்றவர்

பிரிவு- ஆ

தங்களின் கவனத்திற்கும், நடத்தைக்கும் ஏற்ற சரியான பதிலை தெரிவு செய்யவும். உங்களிடமிருந்து பெறப்படும் அனைத்து விபரங்களும் ரகசியமாக பாதுகாக்கப்படும் என உறுதியளிக்கிறேன்.

vz;	tpdhf;fs;	Mk;	,y;iy
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1	ehd; vg; nghOJk; Gjphf cs; s r%f #oypy; > ehd; vt; thW ele; Jnfhs; s vjpu; ghu; f; fg; gLfpwJ vd mwphaky; gag; gLfpNwd;		
2	vd; idg; gw; wpa jtwhd fUj; Jfis Nfl; fj; fbdkhAs; sJ		
3	ehd; xU %l; lhisg; Nghd; W fUjg; gLNtd; vd; W mQ; RfpNwd;		
4	vd; Dila jtWfisg; ngupjhff; fhz; gpj; J vd; ntw; wpfis FiwthfNt fhz; gpf; fpNwd; .		
5	ehd; kw; wtu; fSf; Fk; > vdf; Fk; fbdkhfNt , Uf; fpNwd;		
6	rpy Fwpg; gpl; l rkaq; fspy; ehd; kpfTk; kd mOj; jkilfpNwd;		
7	mNef Neuq; fspy; ehd; gaj; JIDk; > mr; rj; JIDk; fhzg; gLfpNwd;		
8	ahNuDk; vd; id jtwhf elj; Jk; NghJ > ehd; > mjw; Nfw; g VNjDk; nra; jpUg; Ngd; . vdNt vz; ZfpNwd;		
9	ahiu > vg; nghOJ ek; gyhk; vd mwpe; J nfhs; Sjy; vdf; F fbdkhAs; sJ		
10	rupahd nrai y nra; tjw; Nfh > nrhy; tjw; Nfh vdf; F mNef Neuq; fspy; njuptjpy; iy.		
11	vdJ ntspj; Njhw; wj; ijf; Fwpj; J kpfTk; ftdkhapUf; fpNwd; .		
12	ehd; kpfTk; vspjh f ntl; fg; gLj; jg; gLfpNwd;		
13	ehd; vd; d nrhy; Ntd; > vd; d nra; Ntd; vd kw; wtu; fs; VjhtJ jtW fz; Lgpb f; fyhk; vd vd; NkNy Nehf; fkhapUf; fpwhu; fs; vd vz; ZfpNwd;		
14	kw; wtu; fs; ghu; itf; Fj; njupfpw jtiw nra; tjpy; kpfTk; gag; gLf; fpNwd; .		

15	ehd; nra;a jtwpa rpy fhupaj;jpw;fhfTk;> thu;j;jf;fhfTk;> ehd; nra;j rpy tp\aq;fSf;fhfTk;> thu;j;jfSf;fhfTk; kdktilfpNwd;.		
16	ehd; jtWfis nra;J tpOe;J tpLNtNdh vd gae;J> ehd; ve;j xU khw;wj;ijAk; vd; tho;tpy; nfhz;L tu tpUk;Gtjpy;iy.		
17	kw;wtu;fs; vd;id Fw;wg;gLj;Jk;NghJ> ghJfhg;gw;w epiyiaAk;> gpd;dpl;L js;sg;gl;IJ Nghd;w czu;itAk; ngWfpNwd;.		
18	vd;dhy; nra;af;\$ba epiwa tp\aq;fis> vdJ gaj;jpdhYk;> jtpu;g;gjhYk; ehd; epiwNtw;whky; ,Uf;fpNwd;.		
19	vdJ gaKk;> mr;rKNk> ehd; vdJ KbTfiser; rupahf vLf;f Kbahky; vdJ gaKk;> mr;rKNk vd; tho;it MSif nra;fpwJ.		
20	vdJ tho;tpy; vjpu;kiwahfNt vg;nghOJk; Nahfpf;fpNwd;.		
21	nghJthf nra;af;\$ba rpy nray;fspy;> ehd; \$r;rj;JIDk;> NghJkhd msT <LghLk; ,y;yhkNyNa ehd; fhzg;gLfpNwd;.		
22	ehd; gpd; tUtdtw;Ws; VNjDk; xd;W;jd; nrhe;j tp\aq;fs; vy;yhtw;iwAk; ntspg;gilahf;FtJ jd; nrhe;j tp\aq;fs; xd;iwAk;\$l ntspg;gilahf;FtJ ,y;iy		
23	ehd; vd;d nrhy;y Ntz;Lk; vd;w gaj;JINd vg;nghOJk; fhzg;gLfpNwd;.		
24	ehd; vdJ nray;fis ehisf;F js;sp itg;gJz;L.		
25	ehd; vdf;F Kuz;gl;l fhupaq;fis NeUf;FNeu; re;jpg;gij jtpu;f;f Kaw;rp nra;fpNwd;.		
26	ehd; vspjpy; Gz;glf;\$bats; vd kw;wtu;fshy;		

	nrhy;yg;gl;bUf;fpNwd;.		
27	juj;jpy; my;yJ epiyapy; kw;wtiu tplj; jho;e;j epiyapy; cs;s Foe;ijia Nghy; czUfpNwd;.		
28	kw;wtu;fis fhl;bYk; cau;e;j epiyapy; ,Ug;gjhf fUJfpNwd;.		
29	Gpwu; vd;dplkpUe;J vd;d vjpu;ghf;fpwhu;fs; vd;gJ vdf;F njupatpy;iy.		
30	ehd; mbf;fb kw;wtu;fSld; vd;id xg;gpLfpNwd;.		
31	vd;idg; gw;wpAk;> kw;wtu;fisg; gw;wpAk; mjpf Neuq;fspy; vjpu; kiwahfNt Nahrpf;fpNwd;.		
32	kw;wtu;fs; vd;id jtwhf elj;jp vd;id mtu;fSf;fhf gad;gLj;Jfpwhu;fs; vd;epidf;fpNwd;.		
33	mNef ,uTfspy;> ehd; me;j ehs;KOtJk; vd;d NgrpNdd;> vd;d nra;Njd; kw;wtu;fs; vd;d nrhd;dhu;fs; vd;d nra;jhu;fs; vd;Nw Nahrpf;fpNwd;.		
34	Vwf;Fiwa vdJ vy;yh jPu;khdq;fSk;> KbTfSk; vdf;F mJ rupahdjhf ,Uf;Fkh vd;fUjhky; kw;wtu;fSf;Fk; gpbj;jitfsh ,Uf;Fkh vd;Nw Nahrpf;fpNwd;.		
35	kw;wtu;fs; vd;id kjpg;gpy;iy vd;Nw ehd; epiwa Neuq;fspy; vz;ZfpNwd;.		
36	vdJ vz;qz;fis> fUj;Jf;fis kw;Wk; czu;Tfis xU \$l;j;jpy; gfpu;e;J nfhs;s kWf;fpNwd;.		
37	ehd; cz;ikia NgRk;NghJ> mJ kw;wtu;fshy; ehd;		

	Fw;wr;rhl;lg;gl;L mtu;fspkUe;J tpyf;fp itf;fg;gLk; epiyia milNtNdh vd vz;zp ehd; me;j cz;ikfis kiwf;fpNwd;.		
38	ehd; nrhy;Yk; kw;Wk; nra;Ak; rpy fhupaq;fshy;> vd;id gpwu; %l;lshf epidf;fpwhu;fNsh vd;w gak; cs;sJ.		
39	vdJ vjpu;fhyk; Fwpj;J ve;j xU Nehf;fj;ijAk; itg;gjpy;iy.		
40	ehd; kpfTk; vspjhf jd;dk;gpf;ifia ,oe;J tpLfpNwd;.		
41	vdJ cs;Szu;r;rpfis; Fwpj;J KOikaha; vdf;Fj; njupahJ.		
42	ehd; ,ay;ghd nray;Kiw ,y;yhj tPl;by; tsUfpNwd;.		
43	vdf;F gpb;fhj #oypy; ,Ug;gij ehd; jtpu;f;fpNwd;.		
44	Gpwiuf; fhl;bYk; vd;Dila tho;f;if kl;Lk; fbdkhdf ,Ug;gjhff; fUJfpNwd;.		
45	ehd; ve;j xU NtiyiaAk; jtwpd;wp nra;aTk;> xOf;fkf fhzg;glTk;> xOf;fthpahnT ,Uf;fTk; Mirg;gLfpNwd;.		

46	ehd; jdpahf ntspapy; nrd;W rhg;gpl> glk;ghu;f;f kw;Wk; Ntnwe;j nraiAk; nra;tjw;F \$r;rg;gLfpNwd;.		
47	kw;wtu; thu;j;jfs; kw;Wk; eltb;iffs; vdf;F Nfhgj;ijAk;> ntWg;igAk; mspf;fpwJ.		
48	ehd; ftiyAld; my;yJ epiyFiye;j epiyapy; cs;sNghJ fPo;f;fz;ltw;Ws; ngUk;ghyhditfis czUfpNwd;. Ehb;Jbg;G mjpfupj;jy;> tpau;it> mOif> eLf;fk;> ftdf;FiwT> kaf;fk;.		

49	kw;wtu;fshy;Fw;wr;rhl;lg;gLtijNah>mq;fPfupf;fg;glhkNyh ,Ug;gij Fwpj;J gag;gLfpNwd;.		
50	vdJ KbTfis vLf;f kw;wtu;fspd; fUj;Jf;fisNa rhu;e;jpUf;fpNwd;.		

அசர்டிவ்னஸ் (தன் முனைப்பு) பயிற்சி

ஓர் அறிமுகம்

வழங்குபவர்:

திருமதி. கெத்சியாள்.,
எம்.எஸ்ஸி.(செவிலியர்) இரண்டாம் ஆண்டு,
சக்தி செவிலியர் கல்லூரி,
ஒட்டன் சத்திரம்.
திண்டுக்கல் மாவட்டம்

பேராசிரியர்:

திருமதி. சுமதி எம்.எஸ்ஸி(செவிலியர்)
பேராசிரியர்,
மன நல மருத்துவப் பிரிவு தலைவர்,
சக்தி செவிலியர் கல்லூரி,
ஒட்டன் சத்திரம்.
திண்டுக்கல் மாவட்டம்

அசர்டிவ்னஸ் (தன் முனைப்பு)

அசர்டிவ்னஸ் (தன் முனைப்பு) என்பது , பிறரின் உரிமைகளை பறிக்காமல், ஒருவர் தன்னுடைய தேவைகள், உணர்வுகள் , கருத்துக்கள் மற்றும் நம்பிக்கைகள் எதையும் மறைக்காமல் , உள்ளபடியே வெளிக்கொணரும் தன்மை என்பதே.



1. அக்ரசிவ் (ஆக்கிரமித்தல்) குணத்தை போன்றதல்ல
2. அக்ரசிவ்(ஆக்கிரமித்தல்) குணம், தன்னையே மற்றவர்களை விட உயர்த்தி காட்டக்கூடியது.
3. அசர்டிவ்னஸ்(தன் முனைப்பு) தனக்கும், மற்றவர்களுக்கும் நேரிடையான பயனை மட்டுமேத் தருகிறது.
4. அசர்டிவ்னஸ் (தன் முனைப்பு) ஒருவன் தன்னம்பிக்கையுடன் செயல்படுவதற்கு உதவுகிறது.
5. சுய மதிப்பை அதிகரிக்கிறது.
6. மற்றவர்களின் மரியாதைக்கு பாத்திரமாக்குகிறது.
7. ஒருவனின் பேச்சுத் திறனை மேம்படுத்துகிறது.
8. தனக்குத் தானாகவே முடிவெடுக்கும் திறனை வளர்க்கிறது.



பாசிவ்னஸ் (பணிந்து போகதல்)

இத்தகைய குணம் கொண்டவர்கள் தங்களின் தேவைகளை விட மற்றவர்களின் தேவைகளுக்கே முக்கியத்துவம் கொடுக்கக்கூடியவர்கள். எனென்றால் இப்படிப்பட்டவர்கள் , தங்களுக்குரிய உரிமைகளை நம்புவதில்லை.

மேலும் , தங்களுடைய தேவைகளைப் பொருட்டாக எண்ணுவதில்லை. தங்களுக்கு முடிவெடுக்கும் வாய்ப்பைப் பிறடரிமே கொடுத்துவிடுவதுண்டு.



அக்ரசிவ்னஃஸ் (ஆக்கிரமித்தல்)

இந்த குணம் படைத்தவர்கள் , மற்றவர்களின் உணர்வுகளை , உரிமைகளை மதியாதவர்கள். பிறரின் சம உரிமைகளை அவமதிப்பவர்கள். தங்களுடைய தேவைகளுக்காகவே போட்டியிட்டு, தங்களை பெருமையாய் தோற்றமளித்து, பிறரின் மதிப்பையும், மரியாதையையும் , கவனத்தையும் அடைய முயற்சி செய்பவர்கள்.



எவ்வாறு அசெர்டிவாக (தன் முனைப்பு) இருப்பது?

- தன்னுடைய உணர்வுகளுக்கும், தேவைகளுக்கும் உண்மையாயிருப்பது.
- திடமாகவும், நேரிடையாகவும் பிறடரிடம் தன்னை வெளிப்படுத்துதல்.
- தான் சொல்ல நினைப்பதை கூசாமலும், வருந்திக் கேட்காமலும் இருத்தல்.
- பிறரின் தேவையற்ற எதிர்பார்ப்புகளுக்கு “முடியாது” என கூற கற்றுக் கொள்ளல்.
- பிறர் கூறியதை , தொகுத்து விவரித்தல்.
- மற்றவர்களின் கருத்துக்கள் மற்றும் எண்ணங்களை தன்மேல் புகுத்த இடம் கொடாதிருத்தல்
- தன்னை சுற்றியிருப்பவர்கள் தெளிவாகவும், நேரிடையாக பேசுபவர்களாகவும் இருக்க ஊக்கப் படுத்துதல்
- முதன்மைத்துவத்தை கையாளுதல்

அசர்டிவ் உரிமைகள்

1. எனது செயல்களுக்கு நானே பொறுப்பு.

2. தவறுகளை செய்வதற்கு எனக்கு உரிமை உண்டு.
3. “நான்” நானாகவே இருக்க எனக்கு உரிமையுண்டு.
4. மதிப்புடன் மற்றவர்களால் நடத்தப் படுவதற்கு உரிமையுண்டு.
5. எனது எண்ணங்களை, உணர்வுகளை மற்றும் கருத்துக்களை வெளிப்படுத்த உரிமையுண்டு.
6. “இல்லை”, “முடியாது”, மற்றும் “வேண்டாம்” என்பதை எந்த ஒரு குற்ற உணர்வின்றி சொல்ல உரிமையுண்டு.
7. எனது மனதை எந்த ஒரு சூழலிலும் மாற்றிக் கொள்ள உரிமையுண்டு.
8. எனக்கு தெரியாது என சொல்வதற்கு உரிமையுண்டு.
9. கோப்படுத்துவதற்கும் அதை வெளிப்படுத்துவதற்கும் உரிமையுண்டு.
10. மற்றவர்களின் தேவை எப்படி முக்கியமானதோ, அதே போன்றே எனது தேவைகளும் முக்கியமானதே.
11. மற்றவர்கள் அனுமதிக்காத அல்லது விரும்பாத விஷயங்களை நான் செய்வதற்கு எனக்கு உரிமையுண்டு.
12. “ஏன்” மற்றும் “ஏன் கூடாது” போன்ற கேள்விகளை கேட்பதற்கு எனக்கு உரிமையுண்டு.

ASSERTIVE(தன்முனைப்பு)	AGGRESSIVE(ஆக்கிரமித்தல்)	SUBMISSIVE(பணிந்து போதல்)
பிறரின் உரிமைளை அவமதியாது, தனது உரிமைகளுக்காக போராடுவது.	பிறரின் உரிமைளை அவமதித்து, அதன் மீது தனது உரிமைகளுக்காக நிற்பது.	தன் சுய உரிமைகளை பிறருக்காக விட்டுக் கொடுப்பது.
தங்களின் கருத்தை வெளிப்படுத்தும் அதே சமயத்தில் மற்றவர்களின் கருத்தையும் புரிந்து கொள்வர்.	தங்களுடைய கருத்தை மட்டுமே பிறர் ஏற்றுக்கொள்ள போராடுவர். மற்றவர்களை பற்றிய அக்கறை இல்லை.	தங்களுடைய கருத்துக்களையே பரிமாறுவதில்லை.
பிறரை குற்றம் சாட்டாமல் சரியான தீர்வை காண்பார்கள்.	பிறரை மட்டுமே குறை கூறுவார்கள்.	தங்களை தாங்களே குற்றம் சாட்டுவார்கள்.
மற்றவர்களை தாழ்த்தாமல் தன்னை உயர்த்தும் தன்மை.	தன்னை மட்டுமே உயர்த்தி, பிறரை தாழ்த்துதல்.	தன்னை தாழ்த்தி பிறரை உயர்த்திக் காட்டுதல்.
மற்றவர்களின் இழப்பிற்கு ஆளாகாமல் தான் வெற்றி அடைதல்.	பிறர் தோல்வியில் தன் வெற்றி அடைதல்	தான் இழந்து, பிறருக்கு இடம் கொடுத்தல்.
மெதுவாக பேசுதல்	பயமுறுத்துதல்	தாழ்மையாயிருத்தல்
சுருக்கமாக பேசுதல்	“நான்” வார்த்தையை அதிகமாக பயன்படுத்துதல்	சுற்றி வளைத்து பேசுதல்
மற்றவர்களுக்கு என்ன தேவை என திறந்தவெளி கேள்வி கேட்குதல்	மற்றவர்களின் தேவைகளை கண்டுகொள்ளாமலோ, அலட்சியமாகவோ, அல்லது தேவையற்றதாகவோ	மற்றவர்களின் தேவைகளை அப்படியே ஏற்றுக்கொள்ளுதல்

	கருதுதல்.	
சுய கருத்துக்களையும் , உண்மையினையும் பிரித்துப்பார்த்தல்.எ.கா. நாம் எந்த வேலையை செய்ய வேண்டும்.ஆனால் உங்கள் கருத்து மட்டுமே சரியான தீர்வு இல்லை.	சுய கருத்தையே உண்மை என நிரூபித்தல்.எ.கா;உங்களின் தீர்வு சரியானதல்ல.	சுய கருத்துக்கள் வெளிப்படுத்தப்பட்டாலும் அதனை எளிதில் விட்டுக் கொடுத்தல்.
எல்லோராலும் ஏற்றுக்கொள்ளக்கூடிய தீர்வை காணுதல். எ.கா இதை எப்படி சரி செய்யலாம் என நாம் யோசிப்போம்.	மற்றவர்களிடம் குற்றத்தை மட்டுமே காணுதல்.எ.கா.எல்லாமே உன் தவறு.	குற்றப்படுத்துவதை ஏற்றுக்கொள்ளல்.எ.கா. என்னால் உதவி செய்ய முடியுமா என யோசிக்கிறேன்.
குரல்:- உறுதி, உண்மை, அமைதி	குரல்:- கடுமை, சத்தம்,சில சமயங்களில் கேவலமாக	குரல்:- மிகவும் அமைதி, சில நேரங்களில் சோகமாக
பேச்சு:- சரளமாக,முக்கியமான வார்த்தைகளுக்கு முக்கியத்துவம் கொடுத்தல்	பேச்சு:- சரளமாக,திடீரென, குற்றத்திற்கு முக்கியத்துவம் கொடுத்தல்	பேச்சு:- தயக்கம்,அடிக்கடி, தொண்டையை சரி செய்தல்.
முக பாவனை:- உறுதி	முக பாவனை:- வெளிறிய,சிவந்த கன்னங்கள்.	முக பாவனை:- பொய் சிரிப்பு, புருவங்களை உயர்த்துதல்

அசர்டிவ் (தன் முனைப்பு) உரையாடல் மட்டுமே மிகச் சிறந்த முறை. இதனால் ஒருவன் தன்
சுய மரியாதையைப் பெறுவதோடு , சமுதாயத்தில் நல்ல உறவுகளை மேம்படுத்தி வாழ
முடியும்.

நன்றி



During the time of data collection



The investigator is developing rapport with the early adolescent girls.



The investigator is clearing the doubts at the time of group discussion



Practicing assertive communication at the given scenario.



The researcher is with the girls during the time of role play



During the time of ice breaking



The investigator is clearing the doubts during the time of group discussion.



The investigator is praising a student who practiced the assertive skill effectively during the time of home work.



At the time of evaluating the assertive skills (modeling) practiced during the previous week.



At the time of evaluating (how assertive they are) the adolescent girls were evaluating themselves with the help of assertiveness questionnaire.